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Nursing Care in Colostomy

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The aim of this and a succeeding article is to give a clear description of the nursing care which is given, in the surgical department mentioned above, to patients suffering from carcinoma of the large bowel.

While cancer of the bowel has been known for many centuries and scientists are still baffled in the discovery of its cause and cure, modern surgery is making rapid advances in treatment, with gratifying results, in the alleviation of suffering and the prolongation of life. Surgically, there are three methods of dealing with carcinoma of the large bowel. Firstly, there are those cases in which the tumour is detected sufficiently early, and is so situated that the colon may be resected, the tumour excised and the ends of the intestine anastomosed. Secondly, there are those cases in which the tumour involves the recto-sigmoid colon or rectum, and the surgeon, employing either an abdominal or perineal approach, completely excises the rectum and establishes a permanent artifical anus in the colon. If the general condition of the patient is poor, this may be a two-stage operation, the colostomy being first established and after a period of two weeks or more, the perineal or abdomino-perineal excision is done. Thirdly, there are those cases in which the tumour is so widespread that any operation is merely palliative, and a colostomy or cecostomy is done to provide relief from pain and prolong life.

Let us deal first with those advanced cases, in which a colostomy alone is feasible. Colp and Keller, in their recent textbook, "Surgical Nursing," have concisely defined colostomy as the establishment of an artificial anus for the purpose of draining the bowel of intestinal contents,—a measure resorted to, in most cases, where obstruction to the normal passage of fecal matter occurs, due to the presence of new growths, usually carcinomata.

Patients are benefited by colostomy in the following ways:

Obstruction or diarrhoea is relieved.

Pain is relieved.

A more liberal diet may be enjoyed without irritating the tumour.

The rectum may be kept free of dis-

charge by irrigating the distal loop of the colostomy.

Life may be prolonged.

While the operation of colostomy is, in itself, comparatively simple, the nursing problem is twofold—the expeditious dealing with a distinctly unpleasant type of dressing and, more important, assisting the patient in establishing a healthy outlook on a somewhat handicapped future. However carefully the surgeon may have explained to the patient the nature of the operation he is about to perform, it cannot but be a distinct shock to sensitive individuals to realize, that, for the rest of their lives, they are to be burdened with an artificial anus, over which they have only partial control. The understanding nurse will approach the colostomy dressing with no signs of distaste, will ensure absolute privacy during all dressings, and will provide frequent changes of dressing during the early days when there is almost constant soiling. With her lies the responsibility of helping to maintain the patient's morale and of assisting him in making the required re-adjustments to life. That a colostomy is not a crippling operation must be stressed; he should be encouraged to take up immediately his former interests and activities. It is often helpful to have convalescents or old operative cases confer with those awaiting operation.

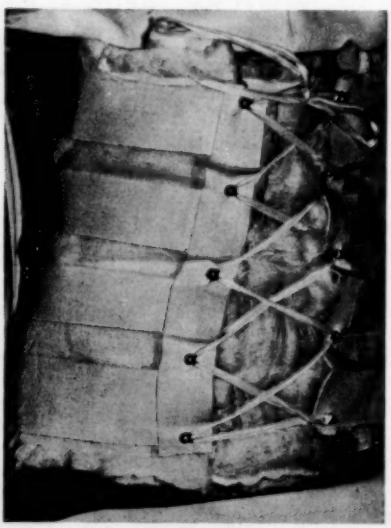

Figure 1—Starr Binder

The preparation for colostomy, in cases other than emergency, consists of a clear fluid diet twenty-four to forty-eight hours prior to operation, thorough cleansing of the intestinal tract with soap-suds enemata until the return flow is clear, an abdominal shaving, and a pre-operative sedative to ensure sleep.

Post-operatively, the patient may suffer from a mild degree of shock, which is treated by warmth and intravenous fluids. On return to consciousness, he is placed in Fowler's position and turned from side to side frequently. He is given water only by mouth for twenty-four hours and then clear fluids until the colostomy is opened. A diet consisting of gruel, custards, egg-nogs, milks and soups of high caloric value are permitted for the next two days, soft diet for ten days, followed by full diet. After shock and nausea have been overcome, the real nursing problem revolves about the caring for the colostomy.

In the operating room, a loop of the colon, usually to the left iliac colon or occasionally the mid-transverse colon, has been brought up to the skin surface and held there by a glass rod, passed through an avascular part of the meso-colon, the ends of the rod being protected on each side of the colostomy by a piece of rubber tubing. A dry gauze dressing is slipped underneath the rod and arranged around the wound, and vaselinated gauze dressing applied. Such dressings are securely held in place and rapidly changed by the application of a "Starr Binder," which consists of hooked adhesive strappings, based on crinoline, which

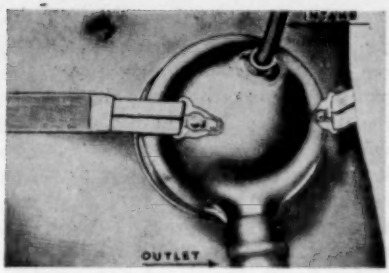

Figure 2A—Lewis Irrigation Equipment

fit over the patient's abdomen and fasten up the midline with tape about the hooks, similar to the old fashioned corset. This binder is illustrated in Figure 1. For the first few days, the dressing will be soiled only with serous blood. At the end of 48 to 72 hours, the patient will complain of crampy abdominal pain, due to an accumulation of gas in the intestines, and it is then time for the surgeon to make an opening with the cautery in the exposed loop of colon. The opening of the colostomy allows the escape of gas and provides immediate relief for the patient. One-half ounce of liquid paraffin oil is then given night and morning. Within forty-eight hours, fecal matter will escape through the newly established anus. It may be necessary to give the patient one ounce of castor oil to bring about this action, or to instil four ounces of olive oil into the proximal loop of bowel, by means of a funnel and well-lubricated soft rubber catheter.

At first the stools will be loose and diarrheal in character and the patient will be greatly distressed by frequent soiling of the dressings. The dose of liquid paraffin should be regulated so as to cause one free evacuation daily. At the end of four to seven days, laxatives should be discontinued entirely and an attempt made to regulate the movement of the bowels. Although never complete, a measure of control may be established by giving the patient, at the same time each morning or night, an irrigation with one quart of soap-suds solution, into the proximal loop of the colostomy. This results in a complete evacuation of the intestinal tract and the dressing may then remain clean until the following morning, nothing other than a little mucus or gas coming out of the opening for at least twelve hours, often twenty-four.

The technique of the colostomy irrigation must be carefully carried out. The most successful method is that in which the Lewis colostomy irrigation equipment is employed. (See Figure 2A and 2B). The procedure is as follows: Screen the patient and bring to the bedside table a soap-suds enema tray carrying:

A quart-size irrigating can filled with warm soap-suds solution
One yard rubber tubing
A clamp
A glass connecting tube
A rectal tube
A discard basin (for soiled rectal tube)
Lubricant
Bed pan and cover
Lewis colostomy irrigation equipment

A colostomy dressing tray (See Figure 3) will also be required. It should carry:

A large paper bag for soiled dressings
A dressing rubber and towel (folded together)
A chest blanket

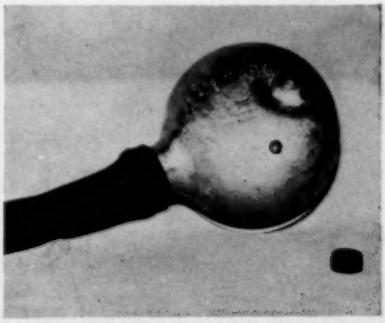

Figure 2B—Lewis Colostomy Cup

Dressings-vaselinated gauze and pads (clean but not necessarily sterile)
Absorbent wipes
Two pairs of forceps
A basin of warm boracic solution

Lower the Gatch frame and turn the patient on the left side close to the edge of the bed, supporting the back with pillows. Tuck the dressing rubber and towel well under the patient, and extending down over the side of the mattress; fan back the bedclothes; remove soiled dressings and cleanse the colostomy with boracic solution, if necessary; place the bed pan on the chair at the side of the bed; set the irrigating can on a nearby stand, about two feet higher than the level of the opening in the bowel; cover the opening with the colostomy cup and direct the rubber hose into the covered bed pan; lubricate the rectal tube, expel the air from the tubing, and introduce it four to six inches into the proximal loop of the colon (the upper opening if there are two), through the small window in the metal cup, directing it carefully upwards and backwards, (See Figure 2A). Now open the valve on the tubing and allow the warm soap-suds to flow slowly into the intestine as in giving a rectal enema. Withdraw the rectal tube through the window in the colostomy cup, always keeping the cup over the opening; replace the screw cap on the metal cup and leave the patient to expel the enema via the rubber hose into the bed pan. This will take from one-half to one hour, so it is important to see that the patient is comfortable and warmly covered. When the enema is returned, the colostomy and surrounding area is carefully cleansed with boracic solution, employing the colostomy dressing tray. Vaselinated gauze dressing and pads are applied and the whole fastened securely in place with the Starr binder.

Stitches about the colostomy are usually removed on the tenth day. Should the skin surface around the colostomy opening become reddened and excoriated, it may be necessary to apply hot boracic dressings, and a protective ointment, until inflammation disappears. A satisfactory ointment for this purpose is made up of equal parts of starch, lanoline, zinc oxide and vaseline, carefully blended together.

As soon as the patient is allowed out of bed, he should be taught the procedure of irrigating the colostomy in the bathroom, suspending the irrigating can on a conveniently-placed hook and di-

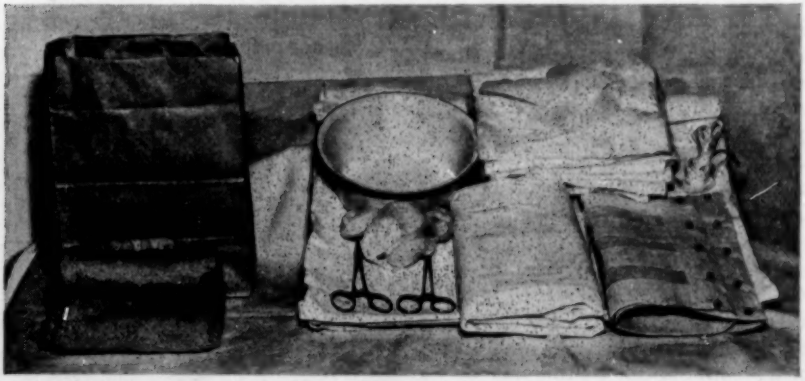

Figure 3—Colostomy dressing tray

recting the rubber hose between the thighs into the toilet. Patients with bathroom privileges may soon dispense with the bulky dressing of pads and wear instead a colostomy belt and small flat metal cup over the opening, with reasonable security. (See Figure 4). Such patients are discharged from hospital when the colostomy is functioning well and the patient has learned to carry out the irrigation himself. He is equipped with the necessary colostomy belt, measuring about the circumference of the body in line with the colostomy to secure a snugly fitting appliance.

The patients are advised on discharge to take a colostomy irrigation at the same time each day, reserving an hour for the procedure, usually in the morning after breakfast or following the evening meal. As the enema should completely evacuate the bowel, no cathartics whatsoever are taken to upset the established routine. The diet must be carefully watched and such foods as cause looseness of the bowel avoided. These may include fresh or dried fruits, alcoholic beverages, especially beer, raw vegetables, coarse cereals, and fluids in

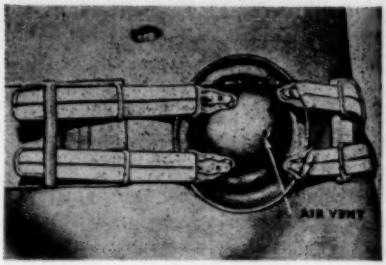

Figure 4—Colostomy belt

unrestricted quantities. The rectal tube and irrigating equipment should be thoroughly washed with soap and boiled for five minutes after use. Above all, the patient should go out from hospital determined to make the best of his colostomy routine and endeavour to lead a normal life. A follow-up card is presented to him on discharge, requesting his return to clinic on a certain day one to three months hence for a careful and complete physical examination.

In a subsequent article, the nursing care of patients who have undergone excision of the rectum will be considered.

(*To be continued*)

All in the Day's Work

Dear Miss L:

For awhile as you know I was down in the dumps, because there was not enough for me to do about here, but an occasion arose which made me forget all that. I will tell you about it.

About ten o'clock in the morning, an Indian, who was working for a rancher near here, came riding in at a gallop to say that V.C., a man about thirty-six years of age, healthy and strong, had been hurt in a run-away mower accident. He did not, and could not tell me how serious it was because he was so excited.

I got my pillow cases and flour sack and some lysol, and raced up to the "Behind Meadows," as they call it. I winded my best horse, but made the four miles faster than I had ever travelled horse-back in all my life. There was no road, but I had been there too

many times not to know the way perfectly.

When I arrived on the scene there was Vini (I call him Vini because I have known him for years) on a stretcher, on his abdomen. He had one leg completely off and the other badly mutilated about the calf. It appeared that two teams were mowing. One team started to run away, and Vini, in order to save himself from being cut in two by the mower behind him, jumped in front of his own cutting bar. Vini said, "I was a bit startled at seeing my leg beside me, completely off, but I tied my whip around my thigh as fast as I could." When the other boys found him about twenty minutes later, he was tightening the tourniquet as cool as could be.

Now to return to his condition, which appeared very serious. The boys had poured mercurochrome on both wounds, and had put flour all about to stop the bleeding. Eight men carried the stretcher—eight men who looked white and scared. After about an hour of travelling in this way, we came to Moore's place two and a half miles away. A man had gone to Cless Pocket to phone for a doctor, who was then in Bella Coola, some eighty miles distant, and also for a plane. He came back just as we arrived, so I set him to building fires in the cook-stove and heater, one to heat water, and the other to heat stones—both stoves for warmth.

I had Vini removed from the stretcher and put on the kitchen table with his head hanging down. The pulse was very poor, sometimes I couldn't even get it. He said he hadn't lost much blood, but I couldn't rely on that because blood lost in a hay field is rather hard to see clearly. I got one of the boys to hold his leg up while I cleansed all the flour and hay I could from the wound. This was a big job as all I had was a sterile pair of wire cutters and a razor blade, which of course was sterile too. I bandaged the stump and after cleansing the other calf I bandaged it. Oh, Miss L. I *did* remember my pressure points, so I put a tourniquet high up on his thigh, with a pad to cut off the femoral artery while doing the dressing. After the leg was dressed, I put on two more, lower down, following the course of circulation. These tourniquets I tightened and loosened alternately.

While dressing the wound, I had the boys make a stretcher according to my plans, and elevated at the foot. About 3.30 p.m. we set out with Vini on the stretcher to walk three miles to Cless Pocket. We kept him warm with wool comforters and hot stones as big as flat irons. We had a mattress under him of course. The boys walked right along with him. When we were nearly there, a messenger came to say that Dr. Phillips, at Bella Coola, wanted to speak to me on the phone. It was now 4.15 p.m., so I rode on ahead. Dr. Phillip's orders were to keep Vini warm with hot water bottles, and he asked me if I had any morphine; I told him I had none and he said he was leaving at once.

The plane was to have left Vancouver that night, but for some reason it did not arrive at Bella Coola until the following morning. The weather was rough, so the pilot could not leave again until 5 p.m., arriving here at 6.30 p.m. Horses were waiting for him at the lake, where the men had built a big fire for him to land by.

Dr. Phillips rode all night and when he arrived he was surprised at Vini's condition, which was comparatively good. He seemed pleased with the position of my tourniquets, the neat bandages, the hot rocks and irons, and the raised foot of the bed. He complimented me more than was good for me. He tied the arteries and cleaned the wound better than I had done as he had forceps to work with. You would be surprised how easy

they are to handle after using pinchers. Vini was given morphine on the arrival of the doctor, and as soon as I could get the instruments boiled, we started working. That night he was given Nembutal and codeine to sleep on. It was wonderful to have him sleep, as the night before he slept very little because of shock and because of the pain caused by the tourniquets, although I loosened them as soon as I could. That night his pulse was extremely poor at times.

The next morning the doctor had me re-bandage the wound and stump, which was in very good condition despite the length of time the tourniquets had to be kept on. We took the patient, on the same stretcher we had used before, the doctor quite approving of the design. The pilot and the doctor helped carry it down to where the plane had landed about three miles away. I spoke to the doctor about infection, because for the last twelve hours the patient had had a temperature of 100° to 101° and he said that was the reason for his hurry. I was never so relieved in all my life as when I saw that plane head off for Vancouver.

Now I will tell you some of the side-issues. When I asked one of the men to hold Vini's leg, he said "Sure," and when it got too much for him, he called another, and when it got too much for him, he called someone else. They really were plucky. Even Felix, an Indian, helped, but mostly in carrying water. A Norwegian boy, when he heard that Vini would have to have a skin graft, offered his own body. Another man, who that morning had just arrived from Blackwater, about forty miles away, helped me mostly with Vini, and got coffee ready for the boys and kept them cheerful.

Looking back, some things that happened were very amusing, but it was rather a horrible experience. Rather good for one though. I always did hate responsibility and when the doctor said such nice things to me, I really thought he was praising your work. When he said: "You know your anatomy well, don't you?" and "You bandage this, you have the right idea" I thought of you, Miss L. You will never realize how much I appreciated your help after class.

It has actually snowed a foot, and is still snowing. I'll soon have to get out my red flannels. I have just come in from outside and, oh dear! it is getting cold. I will surely take my iron to bed with me tonight as I nearly froze last night. You see I sleep in a tent. I expect to be appointed district nurse up here, and my territory will cover a thousand square miles. Anahem Lake is eighty miles from Bella Coola, on the coast, and 260 miles from Williams Lake, the nearest railway station.

EDITOR'S NOTE: Through the kindness of Miss N. Little, instructor of nursing in the School of Nursing of the Royal Inland Hospital, Kamloops, British Columbia, the Journal is privileged to publish this stirring account of a critical surgical emergency, met with great courage and skill. The writer is Jane Bryant, a recent graduate of the Royal Inland School of Nursing. Miss Little modestly says of her pupil: "We are proud of her"—and well they may be. We all are.

Canada Calling

F. Isabel McEwen, *convener,*
Committee of the Canadian Nurses Association for National Enrolment for Emergency Service

Thanks to the facilities afforded by *The Canadian Nurse,* I have been given an opportunity of having this informal visit (on paper) with the nurses throughout our Dominion, many of whom are already interested, I know, in the matter of enrolment for emergency service. Sponsored by the Canadian Nurses Association, in co-operation with the Canadian Red Cross Society, carefully prepared lists of names have been forwarded annually to the Director-General of Medical Services at Ottawa, in readiness for any emergency call for nursing service. Surely Canada has the right to expect that professional nurses will answer her call when an emergency arises. If we do not respond, then the authorities will be forced to enlist the services of untrained women and who could blame them? What else can they do if we fail them? *What constitutes a national emergency?* Here are some examples:

A disaster, such as that which occurred in Halifax when, to meet an emergency created by a terrible explosion, a group of trained nurses were rushed from many points, some from great distances, to render expert nursing service. Yet much valuable time was lost because no organized group was immediately available for duty.

Extensive forest fires such as have occurred in Northern Ontario and British Columbia are emergencies. So are floods, landslides and severe drought such as that which has afflicted the prairie Provinces for the last five years.

General epidemics such as the outbreak of influenza in 1918, or the typhoid epidemic in Cochrane, Ont., in 1922 must be treated as emergencies. There remains the most serious emergency of all: War.

Should nurses be required to serve in time of war? This is a question each nurse must answer for herself. Many nurses, who hate war, are nevertheless prepared to serve, because they feel they cannot refuse aid to stricken people who need nursing care. It must be remembered that in future wars, the civilian population will not be immune from attack. Advances in military science have been such that the dangers to be met now are not only on the ground, but come from the air, as well as from fire and water. The cry for help will come from women and children as well as from soldiers.

Undoubtedly many of the nurses who served in the Canadian Army Medical Corps would gladly offer their services again, should they be needed, but the passing years have made so many changes in the scheme of things—not only financially, but physically and socially as well—that we must build up a reserve nursing group of younger women if we are to adequately prepared for future emergencies. Where, then, are our competent young nurses? Surely we can depend upon their co-operation and support in our endeavour to fulfil this request of our national nursing association for a national enrolment of nurses for emergency service.

Why is enrolment necessary? The statement is sometimes made that enrolment is not necessary because, if any genuine emergency arose, nurses would immediately offer their services. The trouble is that under these circumstances they would come forward as a well-in-

tentioned mob, and not as an organized, disciplined group ready for orderly action. Disasters seldom give warning of their approach. They strike quickly. If relief measures are to be effective, they must be swiftly carried out. If nurses are to be of any use, the authorities must know where to find them. This can only mean an orderly system of regional enrolment. We, in Canada, have fortunately been spared up-to-date, many of the terrors and ghastly effects of these afore-mentioned disasters, but should we not be prepared for what the future may have in store for us?

Does enrolment mean that a nurse must relinquish her post at great personal sacrifice? Not necessarily. There is absolutely nothing compulsory about the enrolment for emergency service. Adjustments can always be made in the event of any nurse being called upon to render such service, when possibly either her professional or family affairs do not permit of her doing so, at that particular moment.

Should the older nurses be expected to enrol? Yes, indeed. They constitute a very useful reserve, as do the over-age group in the military forces. Women who have had experience and supervision in administration are especially valuable.

What reward do nurses receive for emergency service? In terms of money —very little: But they have the satisfaction of knowing that they have shown themselves worthy of the profession to which they belong.

What could be done to interest nurses in enrolment? Here are a few suggestions: Various nursing organizations and particularly the Alumnae Associations could be asked to devote a meeting to the discussion of it. Group meetings at which all local associations should be represented could be held at strategic centres. Student nurses should be informed about the scheme. First-hand descriptions of active service could be given by nurses who served abroad. Dramatic skits could be presented in which the younger nurses might participate. A more intensive use should be made of *The Canadian Nurse* for publicity purposes.

How can nurses enrol? Only Registered Nurses who are members in good standing of their Provincial Nurses Association may enrol. Application is made by the individual nurse to the respective Provincial Nurses Associations and the recommendation for enrolment is forwarded from that Association to the corresponding Provincial Division of the Red Cross. At the end of the year, each Provincial Red Cross Division forwards a completed list of enrolments to the National Red Cross Headquarters, which is then sent forward to the office of the Director-General of Medical Services at Ottawa.

Information and forms of enrolment can be obtained from the secretary of each Provincial Association of Registered Nurses. No fee is asked.

In a recent issue of the Bulletin of the League of Red Cross Societies attention is drawn to the duty of enrolment in these words:

More and more responsibility is falling upon nurses for the training of voluntary aids in so far as that training is directly connected with the medical and nursing service. It is on this group of Red Cross volunteers that the brunt of the burden will fall in time of war and national disaster. Nurses will almost everywhere be too few to meet the needs of the civilian population and of the government, and in time of disaster Voluntary Aids with a knowledge of the elements of nursing will be needed. The task of preparing them cannot be undertaken lightheartedly by anyone; it must be done by well-trained nurses with teaching experience. It is not sufficient, however, to have well-trained nurses and voluntary aids, and their names inscribed upon a register. The best trained personnel,

even if imbued with a spirit of devotion and self sacrifice, may fail through lack of organization and wise leadership.

Two of our Canadian provinces, Prince Edward Island and New Brunswick, have already exceeded their quota of enrolment. Alberta has doubled its enrolment in a single year. The other provinces have not yet filled their ranks. Canada is calling her nurses. There can be only one reply: "Here am I, send me."

Correspondence

BEDSIDE NURSING

"May I ask — do you do bedside nursing?" Recently this question was put to me by a nurse in a tone which suggested something like contempt. And yet what are the real objectives of nursing? Surely, that the sick may have skilled care and that the health of the community may be safeguarded.

But if bedside nursing is looked upon by the majority of nurses in administrative and executive positions as lower than any other branch of nursing we are not likely to stress its importance as a profession nor its beauty as an art.

I would rather consider nursing as an art than as a profession; a vocation or calling rather than a means of livelihood. But one cannot close one's eyes to the ugly fact that nursing is, more often than not, a means to a livelihood and nothing more. A young woman told me not long ago that she wanted to qualify as a teacher and of the frustration of the plan because of lack of money, adding: "My friends ask me why I don't go in for nursing. *At least your board and lodging would be secure for three years.*" With an incentive no higher than this is it any wonder that nurses are anxious to avoid the 'drudgery' of nursing and gain as soon as possible the position of tutor nurse, administrator, or any other branch of their calling which will release them from bedside care.

Having decided that nursing is the best way of solving the pressing problem of what to do next, the candidate enters the School of Nursing. Does she find an atmosphere calculated to foster an appreciation of the importance of bedside care? Is not the emphasis placed—consciously or unconsciously—on speed in getting through routine; on avoiding responsibility; on passing written tests with high marks; on a smart appearance and on the desirability of being a general favorite? Of course I do not mean that such things are verbally taught—but an atmosphere often conveys more than formal instruction and those in authority over the student nurse have sometimes little in the way of inspiration or idealism to pass on to the nurses they are teaching.

During her period of training the embryo nurse looks about her. She reads, presumably, the nursing journals. What does she find there? Reports of debates; conference agendas; revision of curricula, and so on. Those signalled out for distinction and honorable positions are rarely if ever engaged in bedside care; in fact one seldom sees any mention of them. And yet there are hundreds of them in Canada hidden away in outpost hospitals, in mission stations, in the waste places of the Arctic and in unorganized territory in the far West. I think of one many miles beyond the end of steel whose name has never appeared except in the annals of the Red Cross Society and

once in the daily paper when a deed of exceptional courage provided a news item.

Her Outpost hospital accommodated five. "But we've had ten in it" she said with a smile. "Where did you sleep during that time?" I asked her. "On the dining room table when I had any time to sleep" she replied modestly. Since then I have read that, when a properly equipped hospital was built in the district she served, she volunteered for an even more inaccessible place hidden away in tall timber beyond a swiftly flowing river.

She holds no office, she attends no conferences and I doubt if she spends much time debating whether nurses should relegate this, that or the other bit of nursing to some untrained person. She was not mentioned in the list of those who received the O.B.E. or the King's Jubilee medal but I think she must belong to the Order of Saint Barnabas—a nurses Order—because Saint Barnabas was a Son of Comfort and Consolation.

Yet I wish very fervently, that nurses like this sometimes received some open recognition from our Nursing Organizations —but I suppose that, in the nature of the case, it isn't possible. They cannot get away to attend conferences and they would probably be too modest to say anything if they did. But their lives demonstrate, beyond peradventure that the spirit of Florence Nightingale still lives.

In looking back on my own training period I recall an incident which brought home to me the beauty and the glory (yes, I mean that) of bedside care. It was before the days of nurse instructors and the head nurse of each ward had charge of the teaching. The one I am thinking of, and from whom I learned most, certainly knew how to teach. One day she saw me in difficulties with a bad leg case and hurried, immaculate and skilful, to the bedside. I shall always remember the manner in which she did that difficult and painful piece of bedside nursing. Such memories are precious and they bear fruit even now when I am far from hospitals or doctors or any convenience for caring for the sick and most of the equipment must be improvised. The often inarticulate appreciation of the patient is reward enough. A few days ago I went to see a woman suffering from a heart condition. I refrain from a description of the surroundings—or the bed—and as the visit had been of a purely friendly nature I had brought nothing with me. However, one could not leave her as she was and I gave her 'bedside care.' It was more than a satisfaction to see her refreshed and cleansed and to know that I had succeeded, to the best of my ability in upholding and demonstraiting the principles which had been taught me.

Perhaps it is because I am so hopeless either as an administrator or as an executive that I love bedside nursing so much and long to infuse some of my own enthusiasm into other nurses. But I am sure that if we began by assuring ourselves that every entrant into a School for Nurses considered nursing to be a vocation and not a job many of our problems would be solved.

GRAHAM CATHCART,
Saskatchewan

CAMP COUCHICHING

Every year, members of the Student Christian Movement from various parts of Canada, the U.S.A. and even England, unite at Camp Couchiching, near Toronto, for the purpose of exchanging ideas. Almost always the conference is of a religious trend but this year, due to the unsettled state of affairs abroad, emphasis was laid on the important world crises and the outcome of these crises in relation to our Christian religion. We had to concentrate a great deal, and study too, in order to grasp the various ideas laid before us.

There were many interesting speakers present at the camp. These speakers delivered their lectures in the morning, following which the conference divided into groups to discuss and question the lecturers. None were expected to accept the lectures as gospel, in fact it was considered a mark of intelligence to be able to question them. These small discussion groups were intensely illuminating, and you can imagine a tearing argument between a small town Nova Scotian student, full of interest and vitality, arguing frantically with a polished and reserved Chinese student.

Luncheon at camp was a hilarious affair. After the weighty discussions, there appeared a certain abandonment at meal times. Camp songs, college yells, and even small skits were put on while we waited to be served and between courses. The serving was done by six fellow campers, chosen each day. Having satisfied that excellent camping appetite, we were free to study or amuse ourselves as we liked. The lake was inviting for boating and the walks about it were delightful. There was also tennis and a well equipped gymnasium for the more athletically inclined. A second lecture, conducted more or less as an open forum, was held at four o'clock. Here opinions were given freely and ideas exchanged.

We dined early and, in the evening, attended our "commissions" which were small groups with a leader in charge of each. My particular commission discussed peace and its relationship to the Christian community, but there were others such as Communism, Nationalism, the Church in the rural community, and so forth. In the evening there was dancing in the gymnasium. This was not of the ball-room variety, but folk dancing. It was interesting to see how such a modern gathering of people took to the old English Morris and May Day dances. Even Father Ellis, an Anglican priest, was seen one evening with his cassock flying around in a cobbler's jig.

We had several special entertainments. A field day was arranged which consisted of games of various kinds on land and in the water. On one occasion, a concert was given by the choir. This was much admired by an audience of about fifteen, the rest of the camp going to make up the choir. I must here speak of our music. We were directed by a man named Russell Cook, of Boston, Mass., who being musical himself, took it for granted that all Camp Couchiching consisted of budding Beethovens. He stunned us all at the first practice by announcing that we would sing extracts from a Bach Passion, the Brahms Requiem and Handel's Mass. Strangely enough we did sing these four-part affairs, and thoroughly enjoyed ourselves doing it.

One evening as a special treat, Phuong Rhu, a fascinating Korean girl, sang us charming songs in her native tongue. She is studying at the Conservatory of Music in Toronto and really has a beautiful voice. On another occasion an ex-camper recited French-Canadian dialogues, for which I believe she is world famous.

And now to sum up the camp as a whole. I found it to be an unique combination of real camp life and intensely interesting study and discussion with a cosmopolitan group. It is an excellent prelude for the college year and a splendid opportunity of taking a broad outlook on world as well as college affairs.

N. Cooper
Student nurse,
Montreal General Hospital

NOW IT IS TORONTO

A Canadian Press despatch announces that the eight-hour day for special nurses on hospital duty will henceforth be the rule in Toronto, the rule having become effective on January 15. The board of the Central Registry ratified the overwhelming majority vote of the nurses in favor of the change. The eight-hour day applies only to special nurses caring for hospital patients and not for cases in private homes. The hospital patient engaging a special nurse will pay seventy-five cents more daily under the new arrangement. Instead of paying two nurses $5.00 each to work twelve hours and paying each $1.25 for meals, the patient now will pay three nurses $4.00 each, the three to divide $1.25 for meals. Hours are now from eight in the morning to four in the afternoon, from four till midnight, and from midnight to eight in the morning.

THE EDITOR'S DESK

The I.C.N. Congress

Under the caption of *Notes from the National Office* will be found the preliminary programme for the Quadrennial Congress of the International Council of Nurses. This tentative outline, is, of course, subject to modification and amplification but already it gives splendid assurance of extremely interesting sessions. The topics scheduled for discussion are as varied and colorful as nursing itself. The speakers are to be drawn from the four corners of the earth. Excellent travelling accommodation may be secured through the Executive Secretary of the Canadian Nurses Association, 1411 Crescent St., Montreal. Why not write to her today?

Readers' Guide

Our leading article deals with a branch of the art and science of nursing which makes great demands upon skill, knowledge, patience and psychological insight. We are proud to say that a second article written by Miss Miller will appear in the March issue. △ If there is any doubt in your mind as to the mettle of the young nurses of today just read "All in the day's work." You will be reassured. △ Miss Isabel McEwen, convenor of the committee of the Canadian Nurses Association for National Enrolment for Emergency Service, tells us our plain duty to our country. Canada must not call upon its nurses in vain. △ One of the most important factors in building up a sound public health nursing service is a good relationship with the family physician. In "Partners in Public Health" Dr. Floyd S. Winslow, president of the Medical Society of the State of New York, shows us how this may be brought about. △ To be one of "those specials" is not an easy task. In "Getting Adjusted" Miss Dorothy Smith gives you a practical hint or two.

Education and Service

An important milestone in the progress of nursing education in Canada was reached when the first group of students completed the new undergraduate course offered by the School of Nursing of the University of Toronto. The address given at the graduation exercises by the director, Miss E. Kathleen Russell, is published in full in this *Journal* under the caption of "One whole and direct training." This address is remarkable for several reasons but especially because it clearly defines one of the reasons why the public does not more actively support higher education for nurses. Rightly or wrongly, the public is waiting for us to co-operate in plans for providing supervized subsidiary nursing service. Until this challenge is answered our appeal will fall upon deaf ears.

Take off the wrapper

Four years ago today we wrote our first editorial for this *Journal* and were thus made free of the joys and sorrows of an editor's life. Then, as now, we were haunted by a phrase: "You must somehow get them to take off the wrapper." This was the parting word of Katherine de Witt, a pioneer nurse journalist, to whom we had turned for guidance before setting out on our rash enterprize. We had pestered her with questions about technical matters, about mailing lists, about make-up, about layouts, about cuts, about galley and page proof. She patiently answered every one, smiling a little at our inexperience and enthusiasm. Then, just as we were leaving, we asked her what she thought would be the hardest job of all, and she said, with a twinkle: "When you have got the *Journal* out, you must somehow get them to take off the wrapper." Even then we had an inkling of what she

meant and now we see it clearly. Our job is to make the *Journal* so interesting that nurses will not only subscribe to it but will take the trouble to open it.

We learned a good deal about this during the circulation campaign last year. The nurses who worked so hard to make it a success collected the comments they heard and passed them on to us. Here is a fairly typical one: "I suppose I'll have to subscribe to the thing. But I never even open it." Here is another: "No, I can't waste the money on it. The American journals are so much better." And a good many more along the same lines. Now this is all in the day's work and only one of the thrusts really touched our pride: "I never even open it."

Now why does one take the wrapper off? In search of something interesting of course. Something alive and stimulating. Something which will stir the mind and quicken the imagination. These we must somehow find. Quite early we adopted the rather transparent device of "Off Duty." That, we said to ourselves, may make them take the wrapper off. In many cases it evidently did, but before long we were dismayed by letters like this: "I haven't time to read the *Journal* but *"Off Duty"* is really quite amusing." The strange thing is that these people meant to be kind. If they were invited to a dinner which was the best the cook could contrive out of her slender budget they would not throw most of it into the garbage pail while condescendingly nibbling at the dessert. They would at least taste the homely dishes and see whether they are not, after all, wholesome and nourishing. They are honest Canadian fare if nothing more. Turn over the pages in the current issue and see what you can find. Look at "All in the Day's work" and cast an eye over the correspondence page. Is there no "human interest" here? The leading article deals with bedside nursing which requires skill and knowledge of a high order. Yes, and devotion too, as every nurse knows who has cared for such patients.

A friendly critic tells us that during the Biennial Meeting we were too caustic in our comments about the failure of the younger nurses to use the *Journal* as a source of information about what is happening in the nursing world. We are reminded here of our outraged feelings when Thomas, the family cat, usually a mild and peaceable animal, suddenly darted from under the kitchen stove and bit us in the leg. In Thomas's defence it may be said that our infant brother was on the other side of the stove and had tweaked Thomas's tail. The poor animal, taken by surprise, pounced on an innocent person for revenge. And so did we, so we hereby make handsome apologies to our guiltless victim, Miss E. Bell Rogers. Yet we must point out that in our case, as in Thomas's, there were extenuating circumstances. At Provincial Meetings, as at Biennial Meetings, there has been plenty of evidence that Canadian nurses do not use their *Journal* as they might. Why not take off the wrapper and give it a chance?

Bouquets

We should be ungrateful indeed if we failed to acknowledge the encouraging letters that reach us from time to time. Here is one from the Registered Nurses Association of Nova Scotia which put new heart into us for days:

At the last meeting of the Executive Committee of our Association the members requested me to write to you and extend our sincere thanks for the very full and interesting account of the Biennial Meeting which has appeared in recent copies of the *Journal*. This was greatly appreciated by all our readers.

We are told quite often that there is too much about nursing in the *Jour-*

nal. But here is J.E.G., a married woman, who comes to our defence:

A friend of mine kindly passed on a copy of *The Canadian Nurse* to me recently and, while sitting gloating over its pages absorbing all the interesting morsels of news, I came upon an article describing the contents of the "Suggestion Box" at the Biennial Meeting. It gave me rather a shock to find that only twenty-eight married nurses in the whole of the Province of Quebec subscribe to the *Journal.* After all, two dollars a year is a reasonable fee when one remembers the enlightenment one derives from it. If some of the married readers are tired of the technical side, there are plenty of womens' magazines crammed with stories just waiting to be snatched up in moments of relaxation. Why not read *The Canadian Nurse* another time when more in the mood? I, too, am a married woman, but I think we should keep our nursing journal for nursing news and for information about the latest developments in the nursing world for those of us who are hungry for every crumb of information we can pick up in order to keep abreast of the times.

And from the bracing city of Calgary comes this, written by Miss Jessie C. Clow:

Another issue of *The Canadian Nurse* has just arrived and the "Off Duty" page being again omitted, I am compelled to register a complaint! I don't know that I am in favour of turning even part of the nurses' own Journal into a popular women's magazine but I do think that the "Off Duty" page was just the sauce required to ensure proper digestion of the splendid issues of *The Canadian Nurse* which we have had in the last few years. Let's have some more of them. *Enclosed you will find the renewal of my subscription for two and a half years.*

That last sentence decided us to resuscitate "Off Duty" forthwith. If it will induce subscribers to sign up for two and a half years there must be more in it than we thought.

We have saved for the end a word about the *Journal* which came to us from a critical yet discerning reader who is not a Canadian: "It is certainly alive, and gives the impression of being the voice, not of any one individual, but of *Canadian nurses altogether.*" If, in four years, we have come thus far, we can face the steep climb which lies ahead of us with a stout heart.

APPOINTMENTS

The Metropolitan Health Board of Greater Vancouver has now been formed, and the Director of Public Health Nursing is Miss Elizabeth G. Breeze, R.N., with a staff of forty-two nurses. The Metropolitan area subject to this organization includes the City of Vancouver, North Richmond, and the University area of Point Grey. Miss Aletha McLellan, R.N., is the Supervisor of School Nursing, Miss M. S. Elliott, R. N., Supervisor of the Tubercular Department and Miss L. Sanders, R.N. is Supervisor of the Child Welfare Department. The District Supervisors are: Miss M. P. Campbell, R.N.; Miss Olive Kilpatrick, R.N.; Miss E. Stoddart, R.N.; and Miss G. Homfray, R.N. All types of Public Health Nursing Service are centralized in this organization, the development of which will be watched with keen interest.

Miss Laura Holland, R.N., who has held the position of Deputy Superintendent of Social Welfare for the British Columbia Government, has been appointed Supervisor for Provincial Welfare Field Services in British Columbia. Miss Isobel Harvey, R.N. has been appointed Superintendent of Neglected Children for British Columbia. Miss Holland held this office in addition to her field work for the Provincial Welfare Department, and Miss Harvey has been her assistant for the past year.

DEPARTMENT OF PUBLIC HEALTH NURSING

Partners in Public Health

FLOYD S. WINSLOW, M.D.,
President, Medical Society of the State of New York

ANYBODY can tell us what a public health person should know, if somebody will first tell us what that person is to do.

Public health workers and private practitioners alike engage in an occupation whose purpose is the improvement of people's health. The health officer's work is extensive, that of the doctor is intensive, that of the public health nurse may be either or both. The health officer thinks in terms of cases of pneumonia, the doctor thinks in terms of persons with pneumonia. The health officer is more or less abstract and communal in his attitude, the doctor is essentially concrete and individual, the nurse often serves as a link between the two and an interpreter of their aims to actual or potential patients.

None can get along without the others. We should be more than just acquaintances; we should be friends. We should understand each other more fully than we do and we should cooperate to better purpose than we have sometimes done. It is easy to be critical. I admit at the start that the average doctor might very well know more about community health problems, the value of vital statistics, the importance of certain sanitary procedures. On the other hand, the health officer might well understand more about conditions as the doctor encounters them in the sick room; the personality problems involved in almost every one of his relationships, the difficulties which stand in the way of his obtaining the cooperation of the patient in some particulars without seriously disturbing the whole confidential relationship. To a health officer, statistics on a chart may be too easily interpreted as failures of private physicians to achieve ends which bulk black on the roll of the community's total; but to the individual doctors, these imperfect results may mean, in each case, the best that could be accomplished under the given conditions. Angels perhaps could have done no more—health officers, even if endowed with plenary powers of compulsion, might have done much less.

I believe I could write on the imperfections of the medical profession until the celebrated Saratoga Springs ran dry. The trouble with us is that we are so busy with our individual cases of people who are sick that we have no time left to devote to aggregates of sick people, and we fail to sympathize as fully and instinctively with communal purposes as no doubt we should. Some have been kind enough to point this out to us on a number of occasions; it must be admitted that we are improving. On the other hand, there are those of us who think that some public health efforts are operating to increase the number of instances in which persons who should go to a private practitioner are allowed to feel secure in the advice of persons of inadequate ability and experience.

The popular health instruction in the mass and individually is a part of the function of health departments, as well

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as the obligation of voluntary health agencies, is clear from the examination of their activities. The school nurse and the school physician, for example, are strategically placed to protect the school body in many particulars which would never pass under the observation of the family doctor. They can do things which he cannot do in this respect; therefore they should do them. But are they ready to assume the responsibility for diagnosis or treatment, and do they realize fully enough that they may be innocently diagnosing or treating when they think they are doing educational work?

What matters is not the purpose but the effect of that which is done. The difficulty of the public health worker's position, particularly that of the nurse, is apparent. She, like the doctor, must obtain and retain the confidence of the people she serves. It is difficult to say, "You should see your doctor," when an apparently trivial question is asked. It is easy to respond to a request to be more specific. The extent to which the nurse may be substituted for the doctor, quite unintentionally on her part, is not to be overlooked as one of the problems inherent in the extension of her activities. Should she express opinions on conditions of individual persons even when coupled with a warning to "see your doctor?" The temptation to do so is great, and the more confidence in herself which she establishes, the more frequent and insistent will be the temptation. Yet she will be the first to admit that she is not ready to accept the full responsibilities of such a relationship.

I do not decry health instruction. It is of value especially when it results in action on the part of those to whom it is directed, which is not always the case. Often, I fear, it either unduly frightens or unduly allays disquietude. Prevention is important, but the most effectual prevention is not a story in a newspaper, but the story which the doctor tells the patient after he has examined him. The official and voluntary agencies do well to create a demand for preventive medicine. It is then undoubtedly the province of the doctor to administer these measures.

Every group possesses something like a biological will to live, and tends to increase its powers, as we know is true of all individual life on this planet. Every group has the virtue and the vice, the insight and the blindness, of its peculiar species. Death rates among large groups are meaningless to the physician who wakes up in the middle of the night, asking himself if there could be anything additional that he might have done for the cases which are most upon his mind. These sick people are his responsibilities. His days and nights are occupied with the seriousness of this responsibility. When he has a moment to spare he wishes to study, to keep up with the march of medicine. He has no time to devote to statistics of thousands of persons unless he is specially interested for some reason other than clinical.

Persons in the mass are not his responsibility. They are the responsibility of public health authorities to the extent, and in the degree, that it is possible to do something for thousands of persons *en masse*. But you cannot diagnose thousands of persons as thousands, but only as the sum of individual diagnosis; you cannot treat the diseases of thousands of persons except as the sum of individual treatments; therefore the public health function ceases where diagnosis and treatment begin. I would go a little farther and say it ceases when education or instruction is in fact construed by the recipient as diagnosis or treatment.

The public health groups and voluntary health organizations have done an excellent job of teaching the people certain scientific facts which have not only sent them to the private practitioner for help when they needed it, but have sent

them better prepared to be good patients. Taboos are being removed which kept people from seeking medical care, especially in tuberculosis and syphilis. In many other ways the medical profession should be thankful for the work of these groups which are able to tell the public things which the doctor cannot tell them without loss in public esteem, and therefore in healing ability. However it is possible for one to learn and teach the value of an X-ray in suspected tuberculosis without really knowing anything about X-rays. The word "shadows" may be used by a person who does not know whether shadows show black or white on a negative. This is merely to say that it is not necessary for the salesman of preventive medicine to know how to conduct a physical examination, just as a man can sell automobiles who could not make one. By the same token, care should be exercised that these official and voluntary groups in easy access to the public mind do not become substituted, through identification with the subject, for the services which only a trained and experienced physician is able to provide. Wise is the man, be he the doctor or one of his co-workers, who, with Plato, can say, *What I do not know, I do not think I know.*

VICTORIAN ORDER ACTIVITIES

The following admissions, resignations and transfers of Victorian Order nurses have recently taken place:

Admissions: Miss A. Sabiston, to London; Miss H. Paterson, to Brantford; Miss M. Chepesiuk, to Sudbury; Miss E. Reid, to Halifax; Miss R. Taylor, to North Bay; Miss M. Tait, to Montreal; Miss O. Clemons, to Montreal; Miss E. Needleman, to Montreal; Miss C. Michaels, to Montreal; Miss M. Stevens, to Montreal; Miss L. Fraser, to Victoria, B.C.; Miss M. Thom, to Toronto; Miss J. Leask, to Toronto; Miss E. Hollinger, to Toronto; Miss B. Skinner, to Hamilton, Miss M. Hardy, to York Township staff; Miss B. Wilson, to York Township, as nurse-in-charge; Miss A. Chumak, to Guelph staff; Miss W. McQuaid, to Halifax staff.

Resignations: Miss M. Gleason, from Montreal; Miss L. Sigsbee, from Montreal; Miss J. Allison, from Toronto; Miss D. Driffield, from Smiths Falls—on leave of absence from the Victorian Order; Miss L. Spearing, from Weston Branch; Miss M. Orlando, from Newcastle, N.B. Branch.

Transfers: Miss G. Nicolle, from Montreal to Toronto; Miss D. Bluhm, from Dundas to Smiths Falls; Miss M. McIlquham, from Hamilton to Dundas; Miss R. Sheldon, from Calgary to Montreal; Miss R. Orr, from York Township to Montreal; Miss K. F. Docker, from North Bay to Lachine; Miss E. Reed, from Halifax to Newcastle to take charge there; Miss B. Fry, from Guelph staff to Weston to take charge; Miss M. Ferguson, from the York Township Branch to the National Office as a supervisor; Miss D. Lodge, from East York to Ottawa to act as Assistant District Superintendent in the Ottawa Branch; Miss D. Jackson, from the Lachine Branch (where she was replaced by Miss Docker) to take charge of the East York Branch.

One whole and direct training

E. Kathleen Russell,

Director, University of Toronto School of Nursing

Three years ago the University of Toronto School of Nursing was established. To-day we come to our first graduation. One class has made the circle of the new training. Thus we may have some sense of accomplishment. As we look back we wonder what made us start this work. Was it a great faith or a great ignorance? Probably a bit of both. At least we can say, today, that some of the faith has been justified and some of the ignorance has been enlightened.

But our past, as a teaching unit in the University of Toronto goes back farther than three years. From a small teaching department which was established in 1920—through the generosity of the Ontario Red Cross—the growth has been continuous now for sixteen years: in that time more than six hundred nurses have passed through these halls. Most of these have taken the one-year courses either in public health nursing or in preparation for hospital staff work: the remainder have been enrolled in the four-year training in public health nursing that was worked out through the generous co-operation of the Toronto General Hospital and others. Now that four-year arrangement has been developed into the new three-year course, while the original one-year programmes have been continued.

But why this School? What are we trying to do? What has the University to do with nursing? Are we asking for yet more education for nurses? Are we tending to make a costly service yet more costly. Are we giving some sort of a correspondence course in nursing? And so on. These are the questions that have been echoing about us for three long years. And we must be prepared for the questions because, at best, the situation is none too clear. Medicine, hospitals, nursing, all these allied services are suffering to-day from rapid growth in a changing world, and none of them can make their intentions wholly clear or satisfying when people are clamouring for service which so often seems to elude them. We admit the charge. But it is just because we, as nurses, are not satisfying the community that this School, among others, is trying to study the problem and suggest some help.

There is no time to argue the specific questions listed above, but a brief comment can be made. We are not asking for more education for nurses: that is too vague a generalization to have meaning. It is not *more* education that we seek, but more *appropriate* education, with better use of the time and effort and money that are being expended, so that content and arrangement and environment will yield the utmost for the student during her years in the nursing school. This is not a pretentious claim for university frills, to dress up the art of nursing and thus to give it borrowed dignity. Our claim upon the University lies solely in the logic of making use of existing facilities which are needed for preparing the nurse if she is to have the true dignity that accrues to a worker

who is well prepared, and able, thus, to give satisfying service. The University can, and does, give us opportunity, safety, protection, guidance; and it can and does, reserve its diplomas for those who reach certain fine standards. We want no degrees. We are more than content to let the other professions worry and argue about these.

Without doing any violent outrage to truth, it can be claimed that the School is not exactly in the correspondence class, as a very thorough, practical training in bedside nursing is being given, over a period of three years: and as we have control over the use of the pupil's time, this time can be spent entirely in the study and practice of the art of nursing.

About the relation of our School to the vexed question of the cost of nursing, I must speak a word. This School is not likely to affect the matter directly, for our graduates go forth to work on salary in hospital or in public health departments, and the acute problem of the cost of nursing lies in the cost of private nursing and the fact that, in this relationship, one patient, or his family, must pay, usually, the whole income of a professional worker; and this, for most families, is a grotesque proposition. This is a problem of the home, a large economic question, and one that must receive long and special consideration. Some school will have to do the bit of research work that will follow, that is to prepare the worker that is wanted. I wish it might be this School, but our money has been given us for a different purpose (not more important but different), and we must perform our own task. But my opinion is that we, as nurses, have been culpable in that we have not forced some action upon this matter of a supply of nursing for the homes. These homes need a worker for the care of the sick, perhaps quite simply prepared, and certainly able to give service over somewhat lengthy periods at a very moderate rate of recompense: This worker would not fill *all* the needs of *all* cases of sickness in the home; but she would serve one great overwhelming need of the present day. Until the community has this service, there will be little patience with schools such as this one of ours: and we are poor psychologists if we expect to get an unbiassed hearing. But if our homes were better satisfied in their nursing needs, then there would be a more patient consideration of the requirements for hospital nurses and public health nurses, where the duties are more complex and more technical in character, and where the conditions of work are so distinct.

What then is the work of this School? It is three-fold. First, to give preparation for public health nursing. Our special grant has been given for this purpose and the responsibility to the task is doubly heavy because this is the only school in Canada, as far as I know, which is offering *one whole and direct training for the public health nurse*. This is the new three-year course. Our second purpose is to see if one general training course in nursing can prepare, at one and the same time, for both hospital and public health work. If so, we can prevent a division in the ranks of the nursing group. The third purpose is to give postgraduate courses to nurses already trained in hospital schools. These courses are of two kinds, one in public health nursing and one for those who will take teaching or administrative posts in hospital. Opportunity is offered these groups for special study along certain appropriate lines.

We are very happy in the fact that the nurses of Toronto and of the rest of the Province are using this School extensively. At the very outset we tried to make it clear to the hospitals and public health departments and organizations

that the function of a nursing school in the Provincial University was the giving of special service to this professional group throughout Ontario. Nothing has pleased us more than the quick response and eager acceptance of this offer. I think the nurses of Ontario feel that the School serves as a small laboratory for the study of their special problems, and I think already there is a feeling throughout the Province that the School is here for the use of all.

Our graduates of the past are playing a useful part in the life of this Province: if those of the future continue to do as well, the expenditure of money upon this School can indeed be justified, whether this money comes from the public exchequer or from private sources. More than three hundred of these graduates of the past are working now in the Province, either in hospitals or in public health work: many others have served for a time in Ontario and are now married and in homes of their own, and proving, we believe, particularly valuable young citizens. A goodly number of others are working elsewhere in Canada or in other countries.

In the name of all of the members of our staff, I want to add a word of gratitude to all those who have given us co-operation. I have said that I believe myself that a special school such as this has a poorer chance to get an unbiassed hearing because of certain justifiable irritation concerning nursing conditions. But in spite of this irritation, which mitigates against our School at the outset, we have a long list of friends and helpers who have given assistance with an extraordinary generosity of spirit. The wonder is that this is true, but it is true, and we are very grateful. The Toronto General Hospital, the Hospital for Sick Children, the Psychiatric, the Tuberculosis Hospital at Weston, the Isolation, the Women's College, the Toronto Western, St. Joseph's, St. Michael's, the Toronto Health Department, the Victorian Order, the St. Elizabeth Nurses, the Provincial Department of Health, the Ontario Red Cross, the Rockefeller Foundation, and many hospitals and workers outside of Toronto, all these and others have thrown open their resources to us, or have given special support. We have made the greatest demand upon the General Hospital and have a very deep sense of gratitude for the co-operation given there by Miss Gunn and the nursing staff, the Board of Trustees and the medical staff. We would say the same again, and again, to all the other groups which have been mentioned. We thank you all for what you have done, and for your presence with us today.

Editor's Note: **This article is the text of an address given by Miss Russell at the exercises which marked the graduation of the first class of nurses who have completed the new training.**

Studying the Curriculum

MARION LINDEBURGH,
Chairman, Section of Nursing Education, Canadian Nurses Association.

In the January issue of the *Journal* the chairman of the Nursing Education Section of the Canadian Nurses Association outlined a plan for the ensuing two years, which will serve as a guide in directing the activities of the Nursing Education Sections in the various Provinces of the Dominion. The Committee on Instruction, which was organized as a sub-committee of the Section in 1934, has been the means of centering attention on many educational problems, and the contribution of this group, which is composed of nurses actively engaged in teaching, has been most valuable. It has already been stated that the Proposed Curriculum for Schools of Nursing in Canada has been officially accepted by the Canadian Nurses Association for experimental use, its application to undergraduate education will naturally lead towards revision. It has been proposed, therefore, that the Nursing Education Sections in the several Provinces undertake a critical examination of the Curriculum and specific chapters have also been assigned to the Committee on Instruction for special study.

The following outline, which is being used for the guidance of the provincial Sections, is presented for the benefit of all readers of the *Journal*.

Chapter One: Education for Nursing Service

Suggest any addition or modification in the eight statements covering the functions of a nurse (pp. 9, 10).

There is considerable difference of opinion among modern educationalists as to the aims of education. The aims of nursing education should be carefully studied, and any change in phrasing or point of view suggested (p. 10).

Adjustments which will accomplish more fully the aims of nursing education and provide the essentials of nursing, are listed in the Curriculum under eleven points (p. 12). Should any part be modified? Is there anything to add?

Chapter Two: Administration of a School of Nursing

Please make any constructive criticism of this chapter which will strengthen the content.

Chapter Three: Staff

Suggest any modification in regard to personnel, qualifications, duties and relationships.

Chapter Four: Students

Suggest any modification in regard to selection, qualifications, health service, student social life.

Chapter Eight: Tests and Measurements

The whole question of the most effective means of testing and rating students in any field of education is in the experimental stage.

The content of Chapter Eight is decidedly limited.

Please make any suggestions as to the enlargement of this chapter, (submitting illustrative material if possible), whereby its quality may be improved.

Attention is drawn to the fact that chapters five, six, and seven have been assigned, as indicated above, to the Committee on Instruction for special study. The section which deals with records has been assigned to a committee appointed specially for this purpose. Special attention will be given to chapters five, six and seven according to the following outline:

Chapter Five: The Curriculum

Suggest any changes or additions in the essential elements of undergraduate education (p. 47).

Suggest any changes or additions in statements under the following captions:

Flexibility of the Curriculum (p. 48).

Sequence and continuity of experience (p. 48).

Routine and non-nursing activities (p. 49).

The length of the course (p. 49).

Allocation of time periods of instruction and practice (p. 50).

Time of admission of students (p. 50).

Night duty assignments (p. 50).

The school year and division of time (p. 51).

Classroom facilities (p. 57).

If you are not in agreement as to the proposed names and grouping of the courses mentioned on pages 52 and 53, please make further suggestions.

If you are not in agreement with the approximate time allotment for various courses as outlined on page 54, please make suggestions.

The importance of improving the clinical experiences of students warrants a careful study of page 55, and the accompanying chart on page 56. Suggest any change which will make the chart more comprehensive.

Chapter Six: Course of Instruction

In Chapter Six will be found a discussion of the courses to be given in chemistry, anatomy and physiology, bacteriology, pharmacology, nutrition and dietetics. Note any possible errors in lists of references; add any new and approved books, giving name of author, publishing company, and date. Add to, or suggest changes in objectives and method of courses.

Make suggestions as to change in subject matter, any important items which are omitted; anything which might be deleted; the laboratory outlines, etc.

Mental Hygiene and Psychiatry

The National Committee for Mental Hygiene is responsible for the organization of this course. Constructive suggestions and criticism is invited.

Health Education and Principles of Teaching

The general statement on page 105 should be carefully noted as it is the basis for the attempted change in the method and organization of the course. If not in agreement, make constructive suggestions.

Make suggestions in connection with references, objectives, organization and quality of subject matter.

Nursing

The whole proposal, in regard to the teaching of nursing, is the most important consideration in the Curriculum. This may be found on pages 114 to 145 inclusive. The general statement should receive serious consideration and suggestions for improvement should be submitted.

Suggestions may be offered in connection with all the nursing courses and these courses should be studied in connection with the plan of clinical experience. (See chart p. 56).

History of Nursing

The history of nursing and trends and opportunities in nursing are dealt with on pages 145 to 154 inclusive. The general statement and method of the course, will convey the idea of the principle upon which the above course will carry through the three years. An attempt has been made to omit a course entitled "Ethics," and to weave it into another structure which might prove more practical. If not in agreement, please make suggestions.

Community Health and Social Needs

It was felt that a course of this nature was much needed in the third year and should be closely related to community experience. A discussion of it will be found on pages 154 to 158 inclusive. Please offer suggestions about the course in general.

Chapter Seven: Education in the Clinical Field

Chapter Seven deals with essentials which should make the clinical and community experiences of students more educative. Suggestions for improvement of any part of this chapter will be welcomed.

A small supply of "A Proposed Curriculum for Schools of Nursing in Canada" remains unsold. It is recommended that those who wish to procure copies should not delay in forwarding their order to the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, Quebec. The cost is $1.00 per copy.

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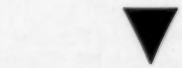

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610

DEPARTMENT OF Private Duty Nursing

Getting Adjusted

DOROTHY I. SMITH,
Ottawa Civic Hospital, Ottawa, Ont.

When a nurse goes back to her own hospital she can fit into her environment naturally and easily. But if she goes to a hospital which is strange to her she should go with the intention of adjusting herself to its requirements. The courteous thing for her to do is to seek the superintendent of nurses, introduce herself, and ask what the regulations for private duty nurses are, thus showing her willingness to be a help and not a hindrance. In hospital the private duty nurse is not exclusively responsible for the care of her patient. The house doctor, the superintendent of nurses, and the head nurse of the floor each has a share. The private duty nurse must consult the house doctor about the treatments which are to be given, must keep the superintendent and the head nurse in close touch with her patients' condition, and in all ways courteously acknowledge their share in the conduct of her case.

Linen may be kept in a central linen room and the nurse, thinking of possible emergencies, may take more than is actually needed. No hospital is overstocked and there may be several other private duty nurses on duty, the result being that other patients must do without, which is unfair. If a private duty nurse would keep this in mind, and take only what she needs, the head nurse would undoubtedly appreciate her consideration.

Systems of charting vary in different hospitals and a private duty nurse may make herself acceptable by her thoughtfulness in finding out just how the records are kept in the hospital she happens to be in. By keeping her chart accurately and faithfully no one need be inconvenienced when the case is discharged, and the records are filed away, because they are incomplete or not in proper form.

When a nurse is going off duty she should take pride in leaving her patient and the room in good order, every treatment given up to the hour she leaves, every utensil clean and in place, and the patient fresh and comfortable.

The influence of a private duty nurse on the pupils is great. If she disregards hospital rules she helps to break down the discipline of a school. If she lends an ear to gossip she helps to foster disloyalty. If she is untidy in appearance and lax in method, the pupils feel that the requirements in regard to their dress and manner of work are severe and unnecessary. On the other hand if she is a woman of fine character, neat in her work and immaculate in uniform, who has kept up and improved her technique, the younger women will look up to her and she can help enforce the lessons the superintendent and hospital staff are trying to teach them.

The nurse on private duty in a hospital must keep in mind the patients all about her and must be quiet herself and keep visitors quiet. She must be considerate of the welfare of the whole institution by using its supplies with the same care and economy as if they belonged to

her. She must not leave a trail of things to be picked up and cleaned after she has been working in the kitchen or dressing room. There is no surer way of falling in the esteem of the students, and it is certainly worthwhile to be on good terms with all those with whom she is associated, though this is not the highest motive for doing one's duty.

When nursing in a home the well bred nurse will not forget professional etiquette. She will rise when the doctor enters the room, will bring the chart to him and make sure that everything which he may want is at hand. She will be expected to keep an accurate and up-to-date record, and to be dependable. She will sometimes be closely questioned by the family as to the doctor's merits and she may find herself hard pressed at times for a reply, but the general and safe rule is that she must stand by him loyally or leave the case. She should not suggest a doctor to a patient nor should she suggest any change in doctors. If she does not understand why he is pursuing a certain course of treatment she must continually remind herself that results may be obtained by different methods and must do everything in her power to make his work a success, both by her own faithfulness and skill, and by the influence she has on her patient.

The patient's preferences must be respected in so far as they do not interfere with the doctor's orders, and the patient's own good. The nurse must not only respect expressed preferences but must be on the alert, ready to perceive without the need of words, what is agreeable or disagreeable to her patient. She must carry out the doctor's orders to the last detail, but she must do it without the air of command which is so irritating to the helpless.

The nurse should be bright and cheerful at all times but beware of ill-timed mirth. A bright face is good to see and one should cultivate the spirit that produces it, but there is an irritating sort of cheerfulness. Keep family worries out of the sick room, but do not tell untruths in order to do so. If patients feel that they are being deceived they worry more than they would have done over the original trifle. A nurse should notice things which cause annoyance and shield her patients from these.

Do not talk shop or gossip. A nurse should keep all her troubles to herself and not share them with patients, for nothing so retards convalescence as continual mental irritation. All the little attention we learn to give our patients, which are not absolutely essential but which make so much difference in their comfort and happiness, are really worth while.

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Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

International Congress

The Quadrennial Congress of the International Council of Nurses will be held in London from July 19 to 24, 1937. The meetings will take place at the Central Hall, Westminster, which is within short walking distance of Westminster Abbey, the Houses of Parliament, Whitehall, the Cenotaph, St. Thomas's Hospital, and is easy of access from the College of Nursing, the Cowdray Club, and indeed from practically all parts of London. In addition to the General Sessions of the Congress, there will be sectional meetings grouped as follows:

Section One: Nursing Education and Practice
Section Two: Administration and Organization
Section Three: Public Health
Section Four: Nursing Problems and their Solution

The first General Session of the Congress will take place on the morning of Monday, July 19, when the opening ceremonies will be held. These will be preceded by an organ recital. The second General Session will be held on Saturday morning, July 24, and will mark the conclusion of the Congress. With the exception of these General Sessions the four Sections mentioned above will convene separately and concurrently. A tentative schedule follows:

Nursing Education

Section One, which is specially concerned with nursing education and practice, will hold the sessions listed below in order to discuss the topics indicated.

MONDAY, JULY 19

Afternoon Session

Pre-nursing education and occupation.

Minimum entrance requirements for Schools of Nursing. Selection of candidates.

TUESDAY, JULY 20

Morning Session

State control of Nursing Education.

Constitution of Statutory Authority.

The State Examination.

To what extent should the general nursing curriculum include theoretical and practical instruction in the following: (a) Public health nursing; (b) Psychology and psychiatry; (c) Maternity nursing; (d) Pediatrics; (e) Nursing of infectious diseases; (f) Dietetics.

Afternoon Session

Methods of Teaching.

Co-ordination of theoretical instruction with practical work.

How to make the clinical experience of students of greater educational value.

WEDNESDAY, JULY 21

Morning Session

Supervision as a nursing problem.

Practical guidance of student nurses in the wards.

Ratio of trained nurses to student nurses.

The integration of health and community aspects in the undergraduate course.

Afternoon Session

University Schools of Nursing.

The curriculum for a five-year course at a University for the degree of Bachelor of Science in Nursing.

THURSDAY, JULY 22

Morning Session

The training and qualifications for teachers of Nursing; (a) Matrons, (b) Sister Tutors, (c) Ward Sisters, (d) Examiners.

Interchange of nursing between different countries for educational purposes.

Travelling Scholarships.

Afternoon Session

Training of native nurses in countries

where the Western standard of education has not yet been attained.

FRIDAY, JULY 23

Morning Session

Nursing in relation to Physical Medicine; Radium, X-ray, ultra-violet and infra-red radiation, chromo-therapy, balneo-therapy, short-wave therapy.

Administration and Organization

Sessions which take place under the general caption of Section Two will deal with special problems related to organization and administration.

MONDAY, JULY 19

Afternoon Session

The Nurse Administrator: (a) In institutions, (b) In Public Services.

TUESDAY, JULY 20

Morning Session

Student Government in Schools of Nursing.

The Organization of the Registered Nurse, self-government and professional responsibility, national and international.

Afternoon Session

The maintenance of high standards of health in the nursing community.

The physical effects of different types of duty, night duty, rest and recreation.

WEDNESDAY, JULY 21

Morning Session

Nursing Legislation with respect to Registration.

Health Insurance, Unemployment Insurance, Pension or Superannuation.

Afternoon Session

Midwifery.

THURSDAY, JULY 22

Morning Session

Mental Nursing.

Afternoon Session

Some careers open to Registered Nurses: (a) Private Nursing; (b) Industrial Nursing; (c) Dietetics.

FRIDAY, JULY 23

Morning Session

Professional Journalism.

Ethics of Professional Journalism.

Educational curriculum for the nurse journalist.

The nurse as secretary.

Public Health

Section Three which is specially concerned with public health nursing will hold the sessions listed below in order to discuss the topics indicated.

MONDAY, JULY 19

Afternoon Session

Nutrition: (a) pregnant women; (b) infants; (c) children; (d) adolescents; (e) adults.

Social Service: (a) housing and health; (b) The pre-school child; (c) Nursing in State, Preparatory and Public Schools.

TUESDAY, JULY 20

Morning Session

Educational background of the Public Health Nurse.

General and specialized training of the Public Health worker.

Postgraduate courses.

Afternoon Session

How to educate the general public as to the need of Public Health Nursing.

Health work in Turkey, China, and India.

WEDNESDAY, JULY 21

Morning Session

The co-ordination of Community Nursing Services.

Organization and supervision of Public Health Nursing.

Working conditions for the Public Health Nurse.

Afternoon Session

Nursing and Health Insurance.

The place of the nurse in a State Health Insurance plan.

School Nursing.

THURSDAY, JULY 22

Morning Session

The work of the Queen's Institute of District Nursing and of the Queen's Nurses.

The Queen's nurse as midwife and health visitor.

Afternoon Session

The relation of Social Service to Public Health Nursing.

Social Services in Hospital.

FRIDAY, JULY 23

Visits and demonstrations of public health nursing methods will be arranged.

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Professional Problems

Discussion at the sessions held by Section Four will centre around current professional problems and their possible solution.

MONDAY, JULY 19

Afternoon Session

The professional responsibility of the Registered Nurse as a citizen.

As member of Parliament.

In Government Departments.

On Public Bodies.

TUESDAY, JULY 20

Morning Session

The need for compulsory State Registration of Nurses.

The minimum training to qualify for public health work in countries where there is urgent need for more workers.

Afternoon Session

The education of the general public in protective measures in warfare.

Instruction in protective measures in chemical warfare.

WEDNESDAY, JULY 21

Morning Session

Unemployment among nurses and its remedies.

Hours of work.

Proportion of nurses to patients, ideal and actual.

Variation in different types of words.

Afternoon Session

Time studies and their application.

THURSDAY, JULY 22

Morning Session

The nursing of the chronic sick.

FRIDAY, JULY 23

Morning Session

How to create an ideal Red Cross Nursing Service.

Full details are not yet available but it is expected that among the speakers will be found nurses from many countries in the British Commonwealth of Nations including Great Britain, Canada, South Africa, New Zealand and the

Irish Free State. The United States of America will be well represented and the following European countries will also take part: Austria, Belgium, Bulgaria, Czecho-slovakia, Denmark, Finland, France, Germany, Greece, Holland, Hungary, Norway, Roumania, Sweden, Switzerland, Yugoslavia. From the Near East will come Turkey and Syria and from the Far East China, Japan and the Phillipines. Representatives from Brazil will also be present and when the programme is complete it will be certain that "Nation shall speak unto Nation."

Registration

Nurses in Canada who are planning to attend the Congress are reminded that membership in a Provincial Association of Registered Nurses is required, as only nurses who hold that membership can qualify for registration through affiliation with the Canadian Nurses Association. Eligibility of each applicant must be established by a Provincial Secretary completing an identification certificate, the form for which is supplied by the Canadian Nurses Association. The Arrangements Committee of the International Council of Nurses have authorized Thos. Cook and Son, Ltd., Travel Agency, in each country, to collect the Congress registration fee of ten shillings. For the convenience of members who are not enrolling with the C.N.A. Congress Tour Party, the registration fee will be collected by the Association, then forwarded to Cook's.

Congress Tours

As previously announced, the Canadian Nurses Association in co-operation with Thos. Cook and Son, Ltd., Travel Agency, are arranging a Congress Tour Party. Last October the Association was granted an option on well-located steamship space, thus assuring satisfactory steamer accommodation. That option is subject to revision within the next month, following which, suitable space may not be readily obtainable. It must be kept in mind that an unprecented amount of Trans-Atlantic travel is anticipated this year, consequently, those who wish to join the party organised by the Association are urged to enrol early.

For the benefit of C.N.A. members who are enrolling with the Congress Tour Party, a number of post-Congress itineraries have been prepared. These include travel in Great Britain and Ireland, the Continent and Scandinavia. An illustrated pamphlet of information concerning these various all-expense tours and requests for Identification Certificates should be addressed to the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, Quebec.

International Hospital Association

The Biennial Congress of the International Hospital Association will be held in Paris from July 6-10, 1937, and will be followed by a Study Tour of French hospitals. The Association which was founded on June 10, 1931, by the representatives of 43 nations assembled in conference in Vienna, is a federation of national hospital associations and invites Government Departments of Health and Hospitals to take part in its activities. The Association offers associate membership to members of any profession connected with hospital service. In response to an invitation from the General Secretary and Treasurer of the Association, the Executive Committee of the Canadian Nurses Association has named the President an Associate Member of the International Hospital Association.

Coming Events

Annual Meeting in Quebec

The annual meeting of the Association of Registered Nurses of the Province of Quebec will take place in Montreal from February 10 to 12, inclusive.

The general sessions will be held at the Ritz Carlton Hotel. The programme is as follows:

Wednesday, February 10: At 8 p.m. a bilingual general session will be held when the president will deliver her address and reports will be presented and discussed.

Thursday, February 11: At 3 p.m. a bilingual session will be held. An address entitled "The Normal Child" will be given in French by Dr. A. Guilbault, Director, B.C.G. Clinics, and of pediatrics at Ste. Justine and Notre Dame Hospitals, Montreal. A moving picture (English) entitled "Life begins" will be shown. This will depict the growth and development of the normal child. At 8 p.m. a general session will be held at which French only will be spoken. The guest speaker will be M. Guy Vanier, advocate, Professor of Social and Political Economy, University of Montreal.

Friday, February 12: In the morning a special session for Sisters will be held at Hotel-Dieu de St. Joseph, Montreal. At 8.30 p.m. a general session will be held at which English only will be spoken. The topic will be "The Emotional Development and Recreational Needs of the Adolescent;" the guest speaker will be Dr. W. E. Blatz, Director of St. George's School for Child Study, University of Toronto.

Annual Meeting in Ontario

The annual meeting of the Registered Nurses Association of Ontario will take place in London, Ont., from March 31 to April 2, inclusive.

Annual Meeting, District Five

The annual meeting of District 5, Registered Nurses Association of Ontario, will

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be held on Friday evening, February 5, 1937, in the Academy of Medicine, Queen's Park, Toronto. An interesting programme is being planned by the committee in charge. The election of officers will take place at this meeting.

Refresher Course

Under the auspices of the Saskatchewan Registered Nurses Association, and sponsored by the local Nursing Education subsection, a refresher course will be held in Moose Jaw, Saskatchewan, during April, 1937. The programme will include topics of current interest as well as those having special bearing on nursing problems. Detailed information and the full programme will be mailed to the nurses of the district at an early date.

Alberta Regional Meeting

Announcement has been made by the American College of Surgeons that a Sectional Meeting will be held in Edmonton. The meetings will be held at the Macdonald Hotel on March 24 and 25 inclusive. Hospital conferences will be held which will afford opportunities for the presentation of papers and discussions and of departmental demonstrations in the local hospitals.

The International Hospital Congress

The next International Hospital Congress will take place in Paris from July 6 to 11, 1937. It will be held in the "Arts and Professions" Building, Avenue d'Iéna, quite close to the World Exhibition which is taking place in Paris at the same time. An interesting and varied programme has been prepared, and among the subjects to be dealt with are: general nursing problems; hospital finance and publicity; the hospitalization of mental cases. Arrangements are being made to organize a visit of several days' duration to the Lyons district for the week immediately preceding the Congress. The hospitals of Lyons, the sanatoria of the Alps and the Hospices of Beaune, whose artistic reputation is so well-known, would be among those visited. After the Congress it is hoped to arrange for one-day visits to parts of France within easy distance of the capital.

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IN THE NIAGARA PENINSULA

JENNIE M. ALLEN,
Public Health Nurse, Niagara Falls, Ont.

Several years ago, four school nurses in the Niagara Peninsula met for the purpose of exchanging school records belonging to pupils who had moved out of their districts and for discussion of cases of general interest. This little group has grown and now comprises twenty-six nurses doing different types of public health work. We have no organization, and no fees. Each year a convenor is chosen who looks after the meetings, arranges for the speaker, notifies the nurses, and give press reports. Our meetings are held on the first Monday in the month at 6.30 p.m., when we have dinner together and enjoy listening to a speaker who is usually a doctor or nurse.

As St. Catharines has the larger number of public health nurses, the meetings are more often held there. At the June meeting we usually have a picnic and in December we give a Christmas party. A list of our members follows:

St. Catharines: Mrs. Oliver, Mrs. Bowman, Misses Fortune, Riggens, Read, Carson, Lonsley, Comfort, Sherwood, Sutherland, Hulbutt, Mrs. L. McLean; *Welland*: Misses Oram, Price, Bradley, Gordon; *Fort Erie*: Misses Philp, Price; *Port Colborne*: Miss Drope; *Thorold*: Miss Mabel; *Stamford*: Miss Cullimore; *Niagara Falls*: Mrs. McLean, Mrs. Sharpe, Misses Wark, Ranton, J. M. Allen.

NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY,
Convener of the Nightingale Memorial Committee

With the approaching Annual Meetings of the provincial Associations, the Florence Nightingale Memorial Committee of the Canadian Nurses Association suggests that a place for discussion of the Foundation be made in the programmes and that the need of support from all Alumnae and local associations will be stressed. So far, donations in support of the 1937-38 Scholarship and the Endowment Fund have been most satisfactory, and the increased interest of student nurses from the various Schools of Nursing is noted with pleasure. This support has been both generous and stimulating. Arrangements are already under way for a conference of the Foundation which is to be held just prior to the I.C.N. Congress. This will give an opportunity of hearing at first hand about the development and future policies of the Florence Nightingale Memorial.

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Ontario

Student Nurses, Hamilton General Hospital	$ 25.00
A.A., Toronto General Hospital	$100.00

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We came across . . . a grand phrase . . . the other day . . . "The innate perversity of inanimate things" . . . Just ponder that . . . for a moment . . . and you will see why . . . there are dark moments . . . in the lives of those of us . . . who cringe before machines . . . No coward soul is ours . . . we can usually summon up courage . . . for the day's task . . . of trying to please . . . four thousand assorted human beings . . . We grovel before the irate subscriber . . . we flatter the coy advertiser . . . we admonish the printer . . . and are admonished by him . . . We patiently explain . . . for the hundredth time . . . just why we cannot . . . accept birth notices . . . or run a full description of the pink sweet peas . . . which grace the tea tables . . . at social gatherings . . . Robert Louis Stevenson once wrote a prayer . . . about these "irritating concerns and duties" . . . which we often murmur . . . in moments of stress . . . Yet it is not they . . . which break our spirit . . . it is that "innate perversity of inanimate things" . . . If we are a bit late . . . the key refuses to turn . . . in the lock . . . if we are hungry . . . the can opener eludes us . . . We never enter . . . an automatic elevator . . . without mentally preparing . . . for a fatal crash . . . or a lingering death from starvation . . . We once spent a ghastly half-hour . . . in being hoisted from cellar to garret . . . at the beck and call . . . of lordly tenants . . . who poked mysterious buttons which summoned our gilded cage . . . from floor to floor . . . but never paused . . . at the one we sought . . . Finally in desperation . . . we shot out . . . at the ground level . . . and then walked up six flights . . . That experience taught us . . . a new technique . . . we now go straight to the top floor . . . and, if we can open the sliding door . . . before being peremptorily dropped to the basement . . . we dart out . . . like a rabbit from its burrow . . . and walk downstairs . . . until we reach . . . our desired haven . . . Another gadget which undermines our morale . . . is the fiendish electrical device . . . by which the stately portal . . . of exclusive apartment houses is unfastened . . . by remote control . . . Our reflexes simply cease to function . . . when confronted with the necessity . . . of pushing the right button . . . and then dashing through the door . . . before the buzzer stops . . . The ancient but eminently respectable building . . . in which we have our chaste abode . . . has no nonsense like this about it . . . You just walk in . . . and walk up . . . But we don't mind a bit . . . it takes far less out of us . . . than trying to grapple . . . with supposedly inanimate objects . . . which in reality . . . are charged with electricity . . . as well as original sin . . . There is only one electrical appliance . . . in which we have any real confidence . . . and that is our little electric refrigerator . . . This domestic treasure . . . responds to the gentle discipline . . . beneficiently exercised by our janitor . . . and usually functions admirably . . . Yet the other night . . . it, too, betrayed us . . . by going on a rampage . . . and freezing all our week-end provender . . . As we gazed at it . . . more in sorrow than in anger . . . it emitted a gurgling chuckle . . . which told us . . . that beneath its deceptive air of innocence . . . it shares that innate perversity . . . of inanimate things . . . which we try to placate . . . in vain . . . E. J.

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NEWS NOTES

BRITISH COLUMBIA

Provincial Public Health Nursing Service: Miss Lucy Crafter, R.N., P.H.N., has been appointed public health nurse for Oliver and district, to take over the duties of Miss A. N. Hall, who has resigned to be married.

KAMLOOPS: Miss Olive Sproule (Royal Inland Hospital, 1935) will enter the Children's Hospital of Winnipeg for post-graduate work early in the New Year.

Married: On Dec. 16, 1936, Miss Edna M. Brown (R.I.H., 1931) to Mr. Carlton Gibson.

VANCOUVER: The following marriages have taken place recently:

Married: On Jan. 1, 1937, Miss Edith L. Johnson (V.G.H., 1932) to Mr. William D. Fraser.

Married: On Dec. 26, 1936, Miss Edith C. Millar (V.G.H.) to Mr. Ainslie J. Worthington.

MANITOBA

BRANDON: The Brandon Graduate Nurses Association held their January meeting at the home of Mrs. S.J.S. Pierce, the married ladies section being in charge. Dr. Pierce gave a delightful illustrated address on "Ancient and modern photography."

NOVA SCOTIA

KENTVILLE: The Valley Branch of the Registered Nurses Association of Nova Scotia held their annual meeting in the form of a Banquet at the Cornwallis Inn, Kentville, with Miss Anne Foster, retiring president, presiding. The following is the list of officers for the coming year: President, Miss Kathleen Harvey, Middleton; first vice-president, Miss Anne Foster, Berwick; second vice-president, Miss Edna Downie, Kentville Sanatorium; secretary and treasurer, Miss Phoebe MacDonald, Kentville Sanatorium; public health, Miss Gertrude Anderson, Annapolis Royal; private duty, Miss Mary Spinney, Kentville; nursing education, Miss Anne Slattery, Windsor; programme, Miss Evelyn Purdy, Berwick; representative to The Canadian Nurse, Mrs. Paul Webster, Kentville; Councillors: Miss Anne Foster, Berwick; Miss Ruth Wallace, Kentville Sanatorium.

SPRINGHILL: A local branch of the Registered Nurses Association of Nova Scotia for Cumberland County was organized recently by Miss Graham, Provincial Registrar. The first meeting took place at All Saints' Hospital, Springhill, when thirty-one members were enrolled. Regular monthly meetings are now held, alternately between Springhill and Amherst.

Married: On October 6, 1936, Miss Martha Isabel C. Riggs, to Dr. John M. Stewart.

Married: On October 5, 1936, Miss Lillian Grace Russell (V.G.H., Halifax), to Dr. Harold E. H. Taylor.

ONTARIO

DISTRICTS 2 AND 3

BRANTFORD: Miss E. L. Clark, a graduate of the Women's College Hospital, Toronto, is in charge of nurse education at the Brantford General Hospital, during Miss Clara E. Jackson's leave of absence due to illness. Mrs. A. A. Scott (Hannah E. Day, B.G.H., 1917) of the Canadian Baptist Mission, India, is on furlough in Toronto. Miss Jessie M. Wilson, assistant superintendent, Brantford General Hospital (class 1921), has been appointed superintendent of the Memorial Trust Hospital, St. Thomas, Ont. Miss Wilson will assume her new duties early in February. Miss Dora H. Arnold (B.G.H., 1925) is taking the Hospital Staff Nurses Course in preparation for teaching and supervision, in the School of Nursing of the University of Toronto.

The Florence Nightingale Club was responsible for bringing happiness to patients in the public wards of the Brantford General Hospital at Christmas time. Fifty gifts donated by the Club were much appreciated by the patients.

Married: On Dec. 28, 1936, Miss Lillian Mortimer (B.G.H., 1933) to Mr. Edward Brown.

Married: On Dec. 16, 1936, Miss Lillian M. Spence (B.G.H., 1934) to Mr. George Thomas.

Married: On Dec. 24, 1936, Miss Margaret D. Terryberry (B.G.H., 1935) to Mr. C. L. Reavely.

DISTRICT 4

HAMILTON GENERAL HOSPITAL: The Alumnae Association of the School of Nursing of the Hamilton General Hospital was held on Dec. 1, 1936. The following members have been appointed to office for the coming year: Honorary President, Miss C. E. Brewster; president, Miss E. Bingeman; first vice-president, Miss E. Buckbee; second vice-president, Miss Edna Bell; recording secretary, Miss M. Bain; treasurer, Miss E. Scott; corresponding secretary, Miss C. Inrig; secretary-treasurer, Mutual Benefit, Miss G. Coulthart; convener, Executive Committee, Miss A. Scheifele; *Committee Conveners*: programme, Miss H. Harley; flower and visiting, Mrs. R. Hess; budget, Miss H. Aitken.

The regular monthly meeting of the Association was held on January 5, with a large attendance. An interesting lecture on child psychology was given by Miss Bowers of the Mental Health Clinic, Hamilton.

District 4

Niagara Falls: The annual meeting of the Niagara Falls Nurses Alumnae Association was held recently and the following officers were elected: President, Mrs. Fred Wilson (née Verda Goodland); honorary president, Miss Margaret Park; Honorary vice-president, Miss Mary Buchanan, superintendent, Niagara Falls General Hospital; first vice-president, Miss Agnes Pirie; second vice-president, Miss Marguerite Bailey; Secretary-treasurer, Miss Dorothy Scott, 1026 Welland Ave.; corresponding secretary, Miss Mabel Le May; educational convener, Miss Irene Jones; visiting committee, Misses Viola Litchenberger, Ruby Thompson, Olive White and Florence Loftus; membership, Misses Jean McClure, Alice Livingstone; representative to the Press and *The Canadian Nurse*, Mrs. Maurice Foreman (née Velma Coutts). During the year the Association raised $700, which sum was expended on its numerous interests and the Nurses Alumnae Room in the General Hospital was refurnished. Twenty-two members attended and a social hour was enjoyed.

District 5

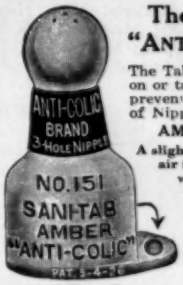
Barrie: Chapter 2, District 5, R.N.A.O., held their December meeting at the Royal Victoria Hospital, with Miss Waterman, chairman, presiding. Miss Mary Millman of the teaching staff of the School of Nursing, Toronto, and a past president of the R.N.A.O., gave a most enlightening talk on the history of the Association. Miss Millman stressed the responsibilities of and the duties of each nurse towards the Association. Representatives were in attendance from Midland, Penetang, Barrie and Orillia.

Toronto: General Hospital Alumnae Association: The annual Christmas concert, under the direction of Miss Mary MacFarland, was much enjoyed and the attendance far surpassed previous years. Miss Kay Burt (T.G.H., 1931) has accepted a position in the Out-patients' Department as one of the head nurses.

Married: On Dec. 5, 1936, Miss Jean MacLeod (T.G.H., 1932) to Dr. Wright Young.

Married: On Dec. 26, 1936, Miss Margaret Hughes (T.G.H., 1931) to Mr. L. Burns.

Toronto: Hospital for Sick Children Alumnae Association: Miss Marjorie MacMurchy (H.S.C., 1936) has been appointed to the staff of the Psychiatric Hospital, Toronto. Miss Lucy Ashton (H.S.C., 1935) is doing postgraduate work in the Children's



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Memorial Hospital, Chicago. Miss Helen Clayton (H.S.C., 1934), Miss Doris Kelly (H.S.C., 1936), Miss Jean Mason (H.S.C., 1935) are all taking postgraduate courses at the University of Toronto.

Married: Recently, Miss Betty Hallinrake (H.S.C., 1935) to Mr. Wm. Cook.

TORONTO: St. Michael's Hospital Alumnae Association recently held their annual supper dance. Miss Gladys Coulter was convener assisted by Misses M. Pelon, J. Fitzpatrick, A. Morin, N. McPherson, P. McNamara, M. Gibson, M. Ritz and M. McDonnell, Miss Marie Melody, the president of the Association, Mrs. George Wilson and Mrs. Leo Killoran received the guests. The dance was exceptionally well attended and was most successful.

Married: Recently, Miss Mary Edwards (S.M.H.,) to Mr. John A. Williamson.

Married: Recently, Miss Francis Wilkes (S.M.H.) to Dr. Clair Evans.

Married: Recently, Miss Loretta Dillon (S.M.H.) to Mr. Gerard J. Charters.

DISTRICT 8

OTTAWA CIVIC HOSPITAL: Miss Edith Davidson (O.C.H., 1931) has been appointed Secretary in the Training School Office.

Married: On Dec. 1936, Miss Isabel Wood (O.C.H., 1935) to Dr. Douglas W. Piercey.

Married: Recently, Miss Helen M. Sutherland (O.C.H., 1936) to Flight Lieutenant Hugh L. Campbell.

Married: Recently, Miss Irene Clarke (O. C.H., 1928) to Mr. Stanley Rath.

DISTRICT 9

NEW LISKEARD: Miss Frances Docker, who has served as Victorian Order Nurse in North Bay for three and a half years, has been transferred in charge of the three-nurse unit in Lachine, Que. She will be greatly missed by her patients and friends and by the members of District 9, R.N.A.O., who wish her success in her new work.

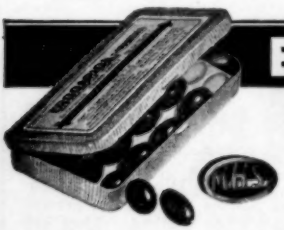
QUEBEC

MONTREAL: Children's Memorial Hospital: Miss Hazel Anstey (C.M.H., 1933) has resigned from the staff of the C.M.H. to accept a position at the Strong Memorial Hospital, Rochester, N.Y. Miss Helen Griffin (C.M.H., 1934) has resigned from the Western Division of the M.G.H. and has also accepted a position at the Strong Memorial Hospital.

Married: On January 5, 1937, Miss Melba Knickle (C.M.H., 1934) to Mr. Walter Pride.

MONTREAL: Woman's General Hospital. In token of appreciation of the work done by Miss Flora A. George, who served as lady superintendent of the Woman's General Hospital for the past eight years, the Medical Board and Staff, the Alumnae Association and the nurses of the Hospital met recently to bid her farewell and to wish her every success in her new work. The board of management presented to Miss George a cabinet of table silver, the Alumnae and nursing staff a silver entree dish and the student nurses a set of desk fittings.

A bronze plaque, given by the Alumnae Association, in honour of the graduates of the School of Nursing of the Woman's Hospital, who served as Nursing Sisters in the Great War, was unveiled by the president of the Association, Mrs. A. Chisholm, and dedicated by the Rev. H. M. Shore. Following the unveiling, an interesting address was given by Miss E. Frances Upton, R.R.C.



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MONTREAL: At the recent annual meeting of the Montreal Graduate Nurses Association, the retiring president Miss M. Creig spoke of the Nursing Service Bureau, which has replaced the association's registry, and was launched as an experiment for a period of one year. This bureau, intended to provide the public with a greater choice in attendance during sickness, supplies graduate nurses and all types of subsidiary nurse workers, such as trained attendants, practical nurses and male orderlies. Miss E. Leys was elected president for the coming year.

QUEBEC: Jeffery Hale's Hospital: At the December Alumnae meeting, Dr. Mooney gave an interesting lecture on pre- and post-operative care. Miss Christie (J.H.H., 1936) is taking a postgraduate course in obstetrics at the Royal Victoria Montreal Maternity Hospital and has been replaced by Miss Black (J.H.H., 1937) during her absence. The many friends of Miss Savard will be pleased to hear that she has completely recovered from her serious accident. Miss B. Adams is helping Miss E. Walsh, as representative of the Private Duty Section to *The Canadian Nurse*. The Lady Superintendent and nursing staff were "At Home" on the afternoon of New Year's Day to graduate nurses visiting or residing in the city. Miss Armour, and Mrs. Young, the President of the Jeffrey Hale's Nurses Alumnae Association, received the guests and Miss F. Walch (M.G.H.) and Miss L. Carter (M.G.H.) presided at the tea table.

SASKATCHEWAN

MOOSE JAW: Miss Virginia Evans (Moose Jaw General Hospital, 1935) is taking a postgraduate course at the School for Graduate Nurses, McGill University.

SASKATCHEWAN

Moose Jaw: Miss Evelyn Stephen (Moose Jaw General Hospital) is taking postgraduate work at the Toronto Hospital for Consumptives at Weston, Ont. Misses Frances McLean and F. Wiseman, both graduates of the Moose Jaw General Hospital, have returned to New York.

Married: Recently, Miss Margaret Curnew (Moose Jaw General Hospital) to Mr. H. Melvin Hazard.

REGINA: The Regina Branch of the Saskatchewan Registered Nurses Association has been confused in many instances with the Provincial Association and in order to clarify the relationship of the two associations, the Regina Branch will in future be known as the Regina Registered Nurses Association. The private duty section of the Regina Registered Nurses Association are having Dr. Lillian Chase speak on diabetes, at their regular meeting.

REGINA: The Alumnae Association of the Regina General Hospital held an enjoyable

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An examination for title and certificate of Registered Nurse of British Columbia, will be held April 13th, 14th, and 15th, 1937.

Names of Candidates for this examination must be in the office of the Registrar not later than March 13th, 1937.

Full particulars may be obtained from:

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social evening recently when the programme included a three-act farce put on by the members themselves. It was decided that the Association would buy furniture, curtains, mirror and floor covering for the special nurses dressing room in the General Hospital. The meetings of the Association are held every month at the homes of members. A short business meeting is followed by a social gathering. During the last year the meetings have been well attended.

Married: On Dec. 30, 1936, Miss Muriel Brady (Royal Victoria Hospital, Montreal, 1931) to Mr. Leslie J. Buttrey.

SASKATOON: Miss L. J. Searle (S.C.H., 1936) and Miss L. M. Strouts (S.C.H., 1936) are taking postgraduate courses at the Sanatorium, Saskatoon.

REGINA: The Regina sub-section of the Nursing Education Section of the Saskatchewan Association of Registered Nurses was responsible for the direction of a refresher course planned to take place from January 27 to 29 inclusive. The speakers and the topics were as follows: Dr. O. E. Rothwell, "Social Aspects of Mental Disorders with Physical Basis"; Miss Ruby Simpson, "Projects of the Canadian Nurses Association"; Dr. D. C. Hart, "Endocrine Disease and New Drugs; Miss J. Allison, "Round the Clock with your Baby"—Movie; Dr. L. Brown, "Differential Diagnosis and Signs in Paediatrics"; Dr. H. Graham, "Early Recognition of disease of the Eye, Ear, Nose and Throat"; Dr. E. K. Sauer, "Venereal Disease"; Sister Bournonnere, "Admitting to the Pediatric Ward"; Miss A. Cleaver, "Psychiatric Nursing"; Miss A. F. Lawrie, "Postgraduate Course for Nurses"; Miss W. Wall arranged a demonstration of trays; Dr. R. G. Ferguson, "Tuberculosis Work in the Province"; Miss B. Calder," Nursing Care in Communicable Diseases."

Guest speakers who addressed the luncheon and dinner meetings included: Dr. Lillian Chase, Dr. Hilda Neatby and His Worship Mayor Ellison of Regina. Sessions were held at the Grey Nuns' Hospital and the Regina General Hospital and concluded with an afternoon tea held in the Residence of the latter institution.

+ + + Obituary + + +

JONES—On November 27, 1936, Elizabeth Campbell Gordon Jones died suddenly in Pueblo, Colorado, U.S.A., where she had resided for a number of years since her marriage. As a pioneer of the nursing profession in Canada as Miss Gordon, she was well known in Toronto and in other centres of Ontario. She was a graduate of the School for Nurses of the Toronto General Hospital, and a member of the class of 1888. She received her training under the late Miss Snively. She served as superintendent of nurses in the Belleville Hospital, where she organized the training school, and later as supervising nurse of the Emergency Hospital, Toronto, at that time a down-town branch of the General Hospital. Miss Gordon was also superintendent of nurses in Kingston General Hospital, and later a member of the supervising staff of nurses in the Presbyterian Hospital, Chicago.

According to a letter written to the Toronto Globe by Colonel Ponton of Belleville, dated September 7, 1934, Miss Gordon was the first person to propose to the then Lieutenant-Governor of Ontario that a branch of the Red Cross Society be formed in Canada.

HALL—The death occurred in Toronto during December, 1936, of Miss Christina Hall. Miss Hall graduated from the School for Nurses of the Toronto General Hospital in 1887, and almost immediately went to Jamestown, New York, to take charge of the Women's Christian Association Hospital, where for twenty-two years, she gave farsighted leadership and most faithful service. In 1911, Miss Hall went to Ottawa as District Superintendent of the Victorian Order of Nurses for Canada, and in 1919 was transferred to the National Office as General Supervisor, a position which she held until 1922. In 1924 the condition of her health made necessary her retirement from active work. Miss Hall was a woman of noble character and a faithful and devoted nurse.

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Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

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British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, St. John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax. **Ontario:** Miss R. tery, Windsor; (4) Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F Platts P.E.I., Hospital, Charlottetown; (3) Miss M. Wilson, Dept. of Public Health, Charlottetown; (4) Miss H. Solomon, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal, (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

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Provincial Associations of Registered Nurses

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BRITISH COLUMBIA

Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

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NEW BRUNSWICK

New Brunswick Association of Registered Nurses

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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Haliburton, 40 South St., Halifax; First Vice-President, Mrs. D. J. Gillis, Windsor Junction, Halifax; Second Vice-President, Miss Anne Foster, Berwick; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Miss Mary Saxton, 94 Jubilee Rd., Halifax; Treasurer, Corresponding Secretary and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario

President, Miss E. Cryderman; First Vice-President, Miss C. Brewster; Second Vice-President, Miss J. L. Church; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen of Sections*: *Nursing Education*, Miss R. M. Beamish, Western Hospital, Toronto; *Private Duty*, Miss J. L. Church, 120 Strathcona Ave., Ottawa; *Public Health*, Miss M. Walker, Institute of Public Health, London; *Chairmen of Districts*: Miss M. Hoy, Miss H. L. Potts, Miss C. Brewster, Miss P. B. Austin, Miss F. Fitzgerald, Miss M. Bliss, Miss M. Hall, Miss H. E. Smith, Miss G. Young.

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Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess-Ave., London; *Councillors*: Misses F. Connolley, A. Claypole; L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners*: *Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

Districts 2 and 3

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors*: Misses K. Charnley, A. Macdonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners*: *Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners*: *Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors*: Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners*: *Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 6

Chairman, Miss E. Young; Vice-Chairman, Miss E. Reid; Sec.-treas., Miss L. Stewart, 340 Rubidge St., Peterborough; *Committee Conveners*: *Private Duty*, Miss L. Ball; *Nursing Education*, Miss F. McIndoo; *Public Health*, Miss M. Poulson; *Publications*, Miss E. Walsh; *Membership*, Miss M. Moher.

District 8

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss G. Tanner, Ottawa Civic Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg.; *Councillors*: Misses M. Downew, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners*: *Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9

Chairman, Miss H. E. Smith; Vice-Chairman, Miss Jean Smith; Sec.-Treas., Miss Robena Buchanan, Sanatarium P.O., Gravenhurst; *Councillors*: Misses E. Gordon, F. Farr, A. Quinlin, J. Thomas, S. Howard, Mrs. J. Stevens; *Conveners of Sections*: Private Duty, Miss M. Delaney; *Nursing Education*, Rev. Sister St. Irma.

District 10

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors;* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections*: *Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative* to *The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév. Soeur Marcellin; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Alfred Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Eileen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène section appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office*: Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mesdemoiselles Suzanne Giroux, Juliane Labelle; *Conveners of Sections*: *Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty* (French), Mlle Juliane Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College Montreal, Miss K. L. Annesley, Alexandra Hospital, Montreal Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Suite 1019, Medical Arts Building, Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees*: *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Ada M. Hubbell, 1761 Scarth St., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Mrs. Bothwell; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

President, Miss Blanche Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Red Cross Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners*: *Membership*, Miss E. Rousom; Visiting, Mrs. W. A. Fraser; *Representatives*: to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Registered Nurses Association

President, Miss M. J. Leslie; First Vice-Pres., Mrs. J. G. Bennett; Second Vice-Pres., Miss M. Ahler; Sec., Miss J. McVicar, 623 Mill St., Nelson; Treas., Miss N. Passmore; *Committee Conveners*: *Programme*, Miss V. B. Eidt; *Social*, Miss S. Keeler; *Visiting*, Mrs. D. C. Fraser; *Membership*, Miss E. Higginbotham; *Ways and Means*, Mrs. M. Laing; *Private Duty*, Miss L. McVicar.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners*: *Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council*: Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners*: *Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives*: to *the Press*, Miss R. McLellan; to *Local Council of Women*, Miss M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Convener*: *Private Duty Section*, Miss Higgens; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer, Miss Ruby Tinkiss, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Night Registrar, Miss Ethel Clark; Relief Registrar, Miss E. Gruer; *Convener*, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Registered Nurses Association

Hon. President, Mrs. M. Young; President, Miss J. Moir; First Vice-President, Miss J. Droppo; Second Vice-President, Miss L. Carter; Secretary-Treasurer, Miss E. Heglin, Ste. 202, Walter Scott Blk., Moose Jaw; Registrar, Mrs. Metcalfe; *Committees Nursing Education*, Mrs. M. Young, Rev. Sr. Veronica; *Public Health*, Miss Armstrong; *Private Duty*, Miss Coventry, Miss Ferguson; *Programme*, Miss O. McNabb; *Social*, Miss Evans; *Press*, Miss Reynolds; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss E. Carter.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital, Calgary

Hon. President, Miss S. Macdonald; Hon. Vice-President, Miss J. Connal; President, Mrs. R. Straker; First Vice-President, Miss A. Hebert; Second Vice-President, Mrs. S. Walker; Corresponding Secretary, Mrs. H. Bradley, 713-15th Ave. W.; Recording Secretary, Miss E. Phelan; Treasurer, Miss M. Watt, *Executive*, Mrs. C. Choate, Mrs. Caffrey, Miss Harvey; *Committee Conveners: Press*, Miss H. Paterson; *Visiting*, Miss Whale; *Programme*, Mrs. Walker; *Membership*, Mrs. Buckmaster; *Ways and Means*, Mrs. T. O'Keefe; *Refreshment*, Mrs. Driscoll.

Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive*: Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners: Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Aliyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss H. Peters; President, Miss A. Dickson; First Vice-Pres., Miss R. Thompson; Second Vice-Pres., Miss D. Stephenson; Rec. Sec., Miss M. Hood; Corr. Sec., Miss C. Evenden, 11148-82 Ave.; Treasurer, Miss E. Campbell, University of Alberta Hospital; *Executive Committee*: Mrs. G. Aides, Misses I. Ross, M. Loggan.

A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Miss L. L. Wright, Lamont Public Hospital; Corr. Sec., Miss F. E. Reid, 1009-20th Ave. W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 18th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners: Membership*, Miss M. Moffat; *Refreshment*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President, Miss E. Rossiter; First Vice-Pres., Miss D. Hibberson; Second Vice-Pres., Mrs. J. H. Russell; Secretary, Miss M. Dickson, 3770 Craigmillar; Assist-Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees: Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors*: Mesdames F. Bryant, A. Sinclari, W. Moore, Miss C. Devereaux.

MANITOBA

St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill, Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St.; Treasurer, Miss W. Grice, 92 Balmoral Place, Winnipeg; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margarson; *Press*, Miss Parkill; *Representatives*: to *Local Council of Women*, Mrs. C. Sharkey; Press Representative for the *M.A.R.N.* and *The Canadian Nurse*, Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

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Winnipeg General Hospital, Winnipeg

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dian Nurse, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John
Hon. President, Mrs. E. J. Mitchell; President, Mrs. F. M. McKelvey; First Vice-President, Mrs. H. Steel, Second Vice-President, Miss M. Fillmore; Treasurer, Miss K. Holt; Assistant Treasurer, Mrs. J. H. Vaughan; Secretary, Miss C. Gleeson, Nurses Residence, Saint John General Hospital; *Executive Committee:* Misses M. Murdoch, E. Henderson, J. E. Beyea, Mrs. G. L. Dunlop, J. Hemphill.

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NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay
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A.A., Victoria General Hospital, Halifax
President, Mrs. J. Graham, 51 Cobourg Rd.; Vice-President, Miss A. Cox, T. B. Hospital, Morris St.; Treasurer, Miss Muriel Graham, 71 Jubilee Rd.; Secretary, Miss Dorothy E. Enman, Victoria General Hospital, Halifax.

ONTARIO

A.A., Belleville General Hospital, Belleville
Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss Helen Fitzgerald; Secretary, Miss M. E. McIntosh, 191 Ann St.; Treasurer, Miss E. Meeks; *Flower Committee*, Miss T. Bird; Representative to *The Canadian Nurse*, Miss M. Jury.

A.A., Brantford General Hospital, Brantford
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A.A., Brockville General Hospital, Brockville
Hon. President, Miss E. Moffatt; President, H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton; Assistant Secretary, Miss H. Corbett, Pearl St. E.; Treasurer, Mrs. H. F. Vandusen; Representative to *The Canadian Nurse*, Miss M. Gardiner, Pearl St., W.

A.A., Public General Hospital, Chatham
Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E. Wemp; Second Vice-President, Miss M. McDougall; Recording Secretary, Miss E. Craig; Corr. Sec., Miss E. Phillips, 47 King St. W.; Treasurer, Miss B. Haley.

A.A., St. Joseph's Hospital, Chatham
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A.A., Collingwood General and Marine Hospital Collingwood
Hon. President, Mrs. S. A. Price; President, Mrs. R. Allen; First Vice-Pres., Miss J. Hunt; Sec. Vice-Pres., Mrs. W. A. Switzer; Sec., Miss S. D. Johnston, Collingwood General and Marine Hospital; Treas., Miss B. M. Anderson; *Committee Conveners: Social*, Miss K. Hanley; *Visiting and Flower*, Miss F. McIntyre, Mrs. G. Jefferies. Meeting, first Tuesday of the month, 8 p.m.

A.A., Cornwall General Hospital, Cornwall
Hon. President, Mrs. I. P. MacIntosh; President, Miss Bernice McKillop; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss Winnifred Bethune, Cornwall General Hospital; Representative to *The Canadian Nurse*, Miss H. C. Wilson, Cornwall General Hospital.

A.A., Galt Hospital, Galt
President, Miss A. MacDonald; Vice-President, Miss J. Belle; Secretary, Miss E. Gass, Galt Hospital; Treasurer, Miss H. McLaughlin, Galt Hospital; *Flower Convener*, Miss M. Van Dyke; *Press Representative*, Miss R. Evans.

A.A., Guelph General Hospital, Guelph
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A.A., Guelph Homewood Sanitarium, Guelph
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A.A., St. Joseph's Hospital, Hamilton
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A.A., Kingston General Hospital, Kingston
Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-Presidents, Miss E. Duncan, Miss E. Sharp; Secretary, Miss Mary Bird, 208 York St.; Treasurer, Mrs. C. W. Mallory, 208 Albert St.; Corresponding Secretary, Miss Bernice Graham, 216 Princess St.

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A.A., St. Joseph's Hospital, London

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A.A., Victoria Hospital, London

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A.A., Niagara Falls General Hospital, Niagara Falls

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